

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).  
If you are filing for a prior accounting period, contact the Licensing Section 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            |
| 08/27/2026                    | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook by  
email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

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

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------|------------------------------------------------------------|---------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><br><b>2026/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner                                                      | <p><b>Instructions:</b><br/>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.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/><i>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.</i></p> <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 Section. <b>1938</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>TEKSTAR COMMUNICATIONS, INC.</b></p> <p><b>193820261</b><br/><b>1938 2026/1</b></p> <p><b>150 2ND ST SW</b><br/><b>PERHAM, MN 56573</b></p> |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System                                                     | <p><b>INSTRUCTIONS:</b> 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> <table><tr><td>1</td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b><br/><b>DBA ARVIG</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/>(Number, street, rural route, apartment, or suite number)<br/><br/>(City, town, state, zip code)</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                               |            |          | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>DBA ARVIG</b> |               |           | 2                     | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br><br>(City, town, state, zip code) |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                      | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>DBA ARVIG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                      | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br><br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <p><b>Instructions:</b> 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><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td><b>PERHAM</b></td><td><b>MN</b></td></tr></table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td><b>Alda</b></td><td><b>MD</b></td><td><b>A</b></td><td><b>1</b></td></tr><tr><td><b>Alliance</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>2</b></td></tr><tr><td><b>Gering</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>3</b></td></tr></table>                                                                                                                                                                                                            |            |          | CITY OR TOWN | STATE                                                      | <b>PERHAM</b> | <b>MN</b> | CITY OR TOWN (SAMPLE) | STATE                                                                                                                                     | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>PERHAM</b>                                                          | <b>MN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CH LINE UP | SUB GRP# |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>                                                            | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>A</b>   | <b>1</b> |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>                                                        | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>B</b>   | <b>2</b> |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>                                                          | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>B</b>   | <b>3</b> |              |                                                            |               |           |                       |                                                                                                                                           |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

**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.

FORM SA3E, PAGE 2.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | SYSTEM ID# |            |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|----------|
| TEKSTAR COMMUNICATIONS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | 1938       |            |          |
| <p><b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p><b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.</p> |            |            |            |          |
| CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COUNTY     | STATE      | CH LINE UP | SUB GRP# |
| PERHAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Otter Tail | MN         | A          | 1        |
| Amor Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Blowers Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Bluffton Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Otter Tail | MN         | A          | 1        |
| Butler Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Candor Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Clitherall Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Compton Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Corliss Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Dead Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Deer Creek Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Dora Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Eastern Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Edna Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Effington Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Elmo Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Everts Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Girard Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Gorman Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Henning Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Hobart Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Homestead Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Inman Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Otter Tail | MN         | A          | 1        |
| Leaf Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Lida Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Maine Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Otter Tail | MN         | A          | 1        |
| Newton Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Nidaros Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Oak Valley Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Otter Tail Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Otto Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Otter Tail | MN         | A          | 1        |
| Paddock Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Parkers Prairie Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Otter Tail | MN         | A          | 1        |
| Perham Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Otter Tail | MN         | A          | 1        |
| Pine Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Rush Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Star Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Sverdrup Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Otter Tail | MN         | A          | 1        |
| Woodside Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Otter Tail | MN         | A          | 1        |
| Battle Lake City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Otter Tail | MN         | A          | 1        |
| Bluffton City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Otter Tail | MN         | A          | 1        |
| Clitherall City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Otter Tail | MN         | A          | 1        |
| Deer Creek City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Otter Tail | MN         | A          | 1        |
| Dent City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Otter Tail | MN         | A          | 1        |
| Henning City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Otter Tail | MN         | A          | 1        |
| New York Mills City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Otter Tail | MN         | A          | 1        |
| Ottertail City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Parkers Prairie City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Otter Tail | MN         | A          | 1        |
| Richville City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Otter Tail | MN         | A          | 1        |
| Urbank City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Vergas City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Otter Tail | MN         | A          | 1        |
| Atlanta Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Becker     | MN         | A          | 2        |
| Audubon Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Becker     | MN         | A          | 2        |
| Burlington Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Becker     | MN         | A          | 2        |
| Callaway Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Becker     | MN         | A          | 2        |
| Carsonville Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Becker     | MN         | A          | 2        |
| Detroit Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Becker     | MN         | A          | 2        |
| Eagle View Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Becker     | MN         | A          | 2        |
| Erie Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Becker     | MN         | A          | 2        |
| Evergreen Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Becker     | MN         | A          | 2        |
| Forest Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Becker     | MN         | A          | 2        |
| Green Valley Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Becker     | MN         | A          | 2        |
| Hamden Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Becker     | MN         | A          | 2        |
| Height of Land Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Becker     | MN         | A          | 2        |
| Holmesville Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Becker     | MN         | A          | 2        |
| Lake Eunice Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Becker     | MN         | A          | 2        |
| Lake View Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Becker     | MN         | A          | 2        |
| Maple Grove Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Becker     | MN         | A          | 2        |
| Pine Point Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Becker     | MN         | A          | 2        |
| Riceville Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Becker     | MN         | A          | 2        |
| Richwood Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Becker     | MN         | A          | 2        |
| Round Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Becker     | MN         | A          | 2        |
| Shell Lake Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Becker     | MN         | A          | 2        |

**D**  
Area  
Served

First  
Community

|                    |           |    |   |   |
|--------------------|-----------|----|---|---|
| Spring Creek Twp   | Becker    | MN | A | 2 |
| Spruce Grove Twp   | Becker    | MN | A | 2 |
| Sugar Bush Twp     | Becker    | MN | A | 2 |
| Toad Lake Twp      | Becker    | MN | A | 2 |
| Two Inlets Twp     | Becker    | MN | A | 2 |
| Walworth Twp       | Becker    | MN | A | 2 |
| White Earth Twp    | Becker    | MN | A | 2 |
| Wolf Lake Twp      | Becker    | MN | A | 2 |
| Callaway City      | Becker    | MN | A | 2 |
| Detroit Lakes City | Becker    | MN | A | 2 |
| Ogema City         | Becker    | MN | A | 2 |
| Naytahwaush        | Mahnomen  | MN | A | 2 |
| Lagarde Twp        | Mahnomen  | MN | A | 2 |
| Lake Grove Twp     | Mahnomen  | MN | A | 2 |
| Little Elbow Twp   | Mahnomen  | MN | A | 2 |
| Oakland Twp        | Mahnomen  | MN | A | 2 |
| Pembina Twp        | Mahnomen  | MN | A | 2 |
| Popple Grove Twp   | Mahnomen  | MN | A | 2 |
| Rosedale Twp       | Mahnomen  | MN | A | 2 |
| Twin Lakes Twp     | Mahnomen  | MN | A | 2 |
| Mahnomen City      | Mahnomen  | MN | A | 2 |
| Waubun City        | Mahnomen  | MN | A | 2 |
| Bear Park Twp      | Norman    | MN | A | 2 |
| Flom Twp           | Norman    | MN | A | 2 |
| Fossum Twp         | Norman    | MN | A | 2 |
| Home Lake Twp      | Norman    | MN | A | 2 |
| Rockwell Twp       | Norman    | MN | A | 2 |
| Strand Twp         | Norman    | MN | A | 2 |
| Sundal Twp         | Becker    | MN | A | 2 |
| Waukon Twp         | Norman    | MN | A | 2 |
| Wild Rice Twp      | Norman    | MN | A | 2 |
| Twin Valley City   | Norman    | MN | A | 2 |
| Laprairie Twp      | Becker    | MN | A | 2 |
| Spring River       | Becker    | MN | A | 2 |
| Osage Twp          | Becker    | MN | A | 3 |
| Eglon Twp          | Clay      | MN | B | 4 |
| Hawley Twp         | Clay      | MN | B | 4 |
| Keene Twp          | Clay      | MN | B | 4 |
| Ulen Twp           | Clay      | MN | B | 4 |
| Hawley City        | Clay      | MN | B | 4 |
| Ulen City          | Clay      | MN | B | 4 |
| Felton Twp         | Clay      | MN | B | 4 |
| Felton City        | Clay      | MN | B | 4 |
| Hitterdal City     | Clay      | MN | B | 4 |
| Borup City         | Norman    | MN | B | 5 |
| Gary City          | Norman    | MN | B | 5 |
| Osakis             | Todd      | MN | C | 6 |
| Bertha Twp         | Todd      | MN | C | 6 |
| Burleene Twp       | Todd      | MN | C | 6 |
| Germania Twp       | Todd      | MN | C | 6 |
| Gordon Twp         | Todd      | MN | C | 6 |
| Leslie Twp         | Todd      | MN | C | 6 |
| Little Sauk Twp    | Todd      | MN | C | 6 |
| Stowe Prairie Twp  | Todd      | MN | C | 6 |
| West Union Twp     | Todd      | MN | C | 6 |
| Wykeham Twp        | Todd      | MN | C | 6 |
| Bertha City        | Todd      | MN | C | 6 |
| Eagle Bend City    | Todd      | MN | C | 6 |
| Hewitt City        | Todd      | MN | C | 6 |
| Osakis City        | Douglas   | MN | C | 6 |
| Staples City       | Todd      | MN | C | 6 |
| Westport Twp       | Pope      | MN | C | 6 |
| Millerville Twp    | Douglas   | MN | C | 6 |
| Miltona Twp        | Douglas   | MN | C | 6 |
| Orange Twp         | Douglas   | MN | C | 6 |
| Osakis Twp         | Douglas   | MN | C | 6 |
| Spruce Hill Twp    | Douglas   | MN | C | 6 |
| Miltona City       | Douglas   | MN | C | 6 |
| Minden Twp         | Benton    | MN | C | 6 |
| St George Twp      | Benton    | MN | C | 6 |
| Becker Twp         | Sherburne | MN | C | 6 |
| Clear Lake Twp     | Sherburne | MN | C | 6 |
| Palmer Twp         | Sherburne | MN | C | 6 |
| Becker City        | Sherburne | MN | C | 6 |
| Eden Lake Twp      | Stearns   | MN | C | 6 |
| St Augusta City    | Stearns   | MN | C | 6 |
| Nowthen City       | Anoka     | MN | C | 6 |
| Lake George Twp    | Stearns   | MN | C | 6 |
| Carlos Twp         | Douglas   | MN | C | 6 |
| Elk River City     | Sherburne | MN | C | 6 |
| Haven Twp.         | Sherburne | MN | C | 6 |
| Elrosa City        | Stearns   | MN | C | 6 |
| Grove Twp.         | Stearns   | MN | C | 6 |
| Wakefield Twp.     | Stearns   | MN | C | 6 |
| Sauk Centre Twp    | Stearns   | MN | C | 6 |
| Becker Twp         | Sherburne | MN | C | 6 |
| Boy Lake Twp       | Cass      | MN | D | 7 |
| Inguadona Twp      | Cass      | MN | D | 7 |
| Kego Twp           | Cass      | MN | D | 7 |
| Leech Lake Twp     | Cass      | MN | D | 7 |
| Pike Bay Twp       | Cass      | MN | D | 7 |

|                     |            |    |   |    |
|---------------------|------------|----|---|----|
| Pine Lake Twp       | Cass       | MN | D | 7  |
| Shingobee Twp       | Cass       | MN | D | 7  |
| Trelipo Twp         | Cass       | MN | D | 7  |
| Turtle Lake Twp     | Cass       | MN | D | 7  |
| Wabedo Twp          | Cass       | MN | D | 7  |
| Wilkinson Twp       | Cass       | MN | D | 7  |
| Unorg 142-29 Twp    | Cass       | MN | D | 7  |
| Cass Lake City      | Cass       | MN | D | 7  |
| Longville City      | Cass       | MN | D | 7  |
| Walker City         | Cass       | MN | D | 7  |
| Akeley Twp          | Hubbard    | MN | D | 7  |
| Arago Twp           | Hubbard    | MN | D | 7  |
| Badoura Twp         | Hubbard    | MN | D | 7  |
| Crow Wing Lake Twp  | Hubbard    | MN | D | 7  |
| Henrietta Twp       | Hubbard    | MN | D | 7  |
| Hubbard Twp         | Hubbard    | MN | D | 7  |
| Lake Emma Twp       | Hubbard    | MN | D | 7  |
| Mantrap Twp         | Hubbard    | MN | D | 7  |
| Nevis Twp           | Hubbard    | MN | D | 7  |
| Steamboat River Twp | Hubbard    | MN | D | 7  |
| Straight River Twp  | Hubbard    | MN | D | 7  |
| Thorpe Twp          | Hubbard    | MN | D | 7  |
| Todd Twp            | Hubbard    | MN | D | 7  |
| White Oak Twp       | Hubbard    | MN | D | 7  |
| Nevis City          | Hubbard    | MN | D | 7  |
| Akeley City         | Hubbard    | MN | D | 7  |
| Thomastown Twp      | Wadena     | MN | E | 8  |
| Wadena Twp          | Wadena     | MN | E | 8  |
| Staples City        | Wadena     | MN | E | 8  |
| Wadena City         | Wadena     | MN | E | 8  |
| Park Rapids City    | Hubbard    | MN | F | 9  |
| Big Falls City      | Itasca     | MN | G | 10 |
| Bigfork Twp         | Itasca     | MN | G | 10 |
| Bowstring Twp       | Itasca     | MN | G | 10 |
| Carpenter Twp       | Itasca     | MN | G | 10 |
| Lake Jessie Twp     | Itasca     | MN | G | 10 |
| Liberty Twp         | Itasca     | MN | G | 10 |
| Marcell Twp         | Itasca     | MN | G | 10 |
| Stokes Twp          | Itasca     | MN | G | 10 |
| Unorg 60-24 Twp     | Itasca     | MN | G | 10 |
| Unorg 59-25 Twp     | Itasca     | MN | G | 10 |
| Unorg 61-25 Twp     | Itasca     | MN | G | 10 |
| Unorg 62-25 Twp     | Itasca     | MN | G | 10 |
| Bigfork City        | Itasca     | MN | G | 10 |
| Effie City          | Itasca     | MN | G | 10 |
| Eagle Valley Twp    | Todd       | MN | H | 11 |
| Clarissa City       | Todd       | MN | H | 11 |
| Wykoff City         | Fillmore   | MN | I | 12 |
| Fillmore Twp        | Fillmore   | MN | I | 12 |
| Fountain Twp        | Fillmore   | MN | I | 12 |
| Grand Meadow City   | Mower      | MN | I | 12 |
| Racine City         | Mower      | MN | I | 12 |
| Bennington Twp      | Mower      | MN | I | 12 |
| Clayton Twp         | Mower      | MN | I | 12 |
| Frankford Twp       | Mower      | MN | I | 12 |
| Grand Meadow Twp    | Mower      | MN | I | 12 |
| Racine Twp          | Mower      | MN | I | 12 |
| Hobart Twp          | Otter Tail | MN | J | 13 |
| Trondhjem Twp       | Otter Tail | MN | J | 13 |
| Audubon Twp         | Becker     | MN | J | 14 |
| Burlington Twp      | Becker     | MN | J | 14 |
| Detroit Twp         | Becker     | MN | J | 14 |
| Evergreen Twp       | Becker     | MN | J | 14 |
| Hamden Twp          | Becker     | MN | J | 14 |
| Height of Land Twp  | Becker     | MN | J | 14 |
| Lake Eunice Twp     | Becker     | MN | J | 14 |
| Richwood Twp        | Becker     | MN | J | 14 |
| Silver Leaf Twp     | Becker     | MN | J | 14 |
| Toad Lake Twp       | Becker     | MN | J | 14 |
| Audubon City        | Becker     | MN | J | 14 |
| Frazee City         | Becker     | MN | J | 14 |
| Atlanta Twp         | Becker     | MN | J | 15 |
| Cormorant Twp       | Becker     | MN | J | 15 |
| Cuba Twp            | Becker     | MN | J | 15 |
| Lake Park Twp       | Becker     | MN | J | 15 |
| Lake Park City      | Becker     | MN | J | 15 |
| Parke Twp           | Clay       | MN | J | 16 |
| Riverton Twp        | Clay       | MN | J | 16 |
| Spring Prairie Twp  | Clay       | MN | J | 16 |
| Tansem Twp          | Clay       | MN | J | 16 |
| Good Hope Twp       | Norman     | MN | J | 16 |
| Green Meadow Twp    | Norman     | MN | J | 16 |
| Hegne Twp           | Norman     | MN | J | 16 |
| Lake Ida Twp        | Norman     | MN | J | 16 |
| Mcdonaldsville Twp  | Norman     | MN | J | 16 |
| Rockwell Twp        | Norman     | MN | J | 16 |
| Winchester Twp      | Norman     | MN | J | 16 |
| Ada City            | Norman     | MN | J | 16 |
| Hendrum City        | Norman     | MN | J | 16 |
| Perley City         | Norman     | MN | J | 16 |
| Dunn Twp            | Otter Tail | MN | K | 17 |

See instructions for additional information on alphabetization.

Add rows as necessary.

|                     |               |    |   |    |
|---------------------|---------------|----|---|----|
| Erhards Grove Twp   | Otter Tail    | MN | K | 17 |
| Gorman Twp          | Otter Tail    | MN | K | 17 |
| Lida Twp            | Otter Tail    | MN | K | 17 |
| Maplewood Twp       | Otter Tail    | MN | K | 17 |
| Norwegian Grove Twp | Otter Tail    | MN | K | 17 |
| Pelican Twp         | Otter Tail    | MN | K | 17 |
| Scambler Twp        | Otter Tail    | MN | K | 17 |
| Pelican Rapids City | Otter Tail    | MN | K | 17 |
| Glyndon City        | Clay          | MN | L | 18 |
| Farmington Twp      | Stearns       | MN | M | 19 |
| Eden Valley City    | Stearns       | MN | M | 19 |
| Collegeville Twp    | Stearns       | MN | M | 19 |
| Eden Lake Twp       | Stearns       | MN | M | 19 |
| Fairhaven Twp       | Stearns       | MN | M | 19 |
| Farming Twp         | Stearns       | MN | M | 19 |
| Getty Twp           | Stearns       | MN | M | 19 |
| Grove Twp           | Stearns       | MN | M | 19 |
| Luxemburg Twp       | Stearns       | MN | M | 19 |
| Maine Prairie Twp   | Stearns       | MN | M | 19 |
| Melrose Twp         | Stearns       | MN | M | 19 |
| Millwood Twp        | Stearns       | MN | M | 19 |
| Munson Twp          | Stearns       | MN | M | 19 |
| Spring Hill Twp     | Stearns       | MN | M | 19 |
| St Martin Twp       | Stearns       | MN | M | 19 |
| Wakefield Twp       | Stearns       | MN | M | 19 |
| Zion Twp            | Stearns       | MN | M | 19 |
| Greenwald City      | Stearns       | MN | M | 19 |
| Kimball City        | Stearns       | MN | M | 19 |
| Meire Grove City    | Stearns       | MN | M | 19 |
| Melrose City        | Stearns       | MN | M | 19 |
| New Munich City     | Stearns       | MN | M | 19 |
| Richmond City       | Stearns       | MN | M | 19 |
| Roscoe City         | Stearns       | MN | M | 19 |
| Spring Hill City    | Stearns       | MN | M | 19 |
| St Martin City      | Stearns       | MN | M | 19 |
| Friberg Twp         | Stearns       | MN | M | 19 |
| Sauk Centre Twp     | Stearns       | MN | M | 19 |
| Sauk Centre City    | Stearns       | MN | M | 19 |
| Melrose Twp         | Stearns       | MN | M | 19 |
| Birchdale Twp       | Todd          | MN | N | 20 |
| Burnhamville Twp    | Todd          | MN | N | 20 |
| Grey Eagle Twp      | Todd          | MN | N | 20 |
| Round Prairie Twp   | Todd          | MN | N | 20 |
| Burtrum City        | Todd          | MN | N | 20 |
| Grey Eagle City     | Todd          | MN | N | 20 |
| Forest City Twp     | Meeker        | MN | N | 20 |
| Forest Prairie Twp  | Meeker        | MN | N | 20 |
| Kingston Twp        | Meeker        | MN | N | 20 |
| Manannah Twp        | Meeker        | MN | N | 20 |
| Union Grove Twp     | Meeker        | MN | N | 20 |
| Eden Valley City    | Meeker        | MN | N | 20 |
| Watkins City        | Meeker        | MN | N | 20 |
| Birchdale Twp       | Todd          | MN | N | 20 |
| Kandota Twp         | Todd          | MN | N | 20 |
| Monticello City     | Wright        | MN | O | 21 |
| Delhi Twp           | Redwood       | MN | P | 22 |
| Paxton Twp          | Redwood       | MN | P | 22 |
| Redwood Falls       | Redwood       | MN | P | 22 |
| Vail Twp            | Redwood       | MN | P | 22 |
| Morgan City         | Redwood       | MN | P | 22 |
| Seaforth City       | Redwood       | MN | P | 22 |
| Wabasso City        | Redwood       | MN | P | 22 |
| Walnut Grove City   | Redwood       | MN | P | 22 |
| Sioux Agency Twp    | ellow Medicir | MN | P | 22 |
| Echo City           | ellow Medicir | MN | P | 22 |
| Clements City       | Redwood       | MN | P | 22 |
| North Hero Twp      | Redwood       | MN | P | 22 |
| Springdale Twp      | Redwood       | MN | P | 22 |
| Henryville Twp      | Renville      | MN | P | 22 |
| Woodlake Twp        | ellow Medicir | MN | P | 22 |

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |       |                     |                    |                           |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|---------------------|--------------------|---------------------------|--|
| Name                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |       |                     |                    | SYSTEM ID#<br><b>1938</b> |  |
| <div>E</div> <div>Secondary Transmission Service: Subscribers and Rates</div> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> 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).<br><b>Number of Subscribers:</b> 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).<br><b>Rate:</b> 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.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> 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.<br>Categories of service shall not be left blank. If a cable operator does not serve a specific category a "zero" or a "N/A" (not applicable) must be reported in the appropriate space. |                    |       |                     |                    |                           |  |
|                                                                               | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |       | BLOCK 2             |                    |                           |  |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO. OF SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE                      |  |
|                                                                               | Residential:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |       | N/A                 | 0                  | \$ -                      |  |
|                                                                               | • Service to first set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7580               | 55-65 |                     |                    |                           |  |
|                                                                               | • Service to additional set(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | • FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | Motel, hotel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |       |                     |                    |                           |  |
|                                                                               | • Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | • Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               | Broadcast Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                  | \$ -  |                     |                    |                           |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |       |                     |                    |                           |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |       |                     |                    |                           |  |
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|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |       |                     |                    |                           |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                    |                            |                                      | SYSTEM ID#             | Name |
| TEKSTAR COMMUNICATIONS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                    |                            |                                      | 1938                   |      |
| PRIMARY TRANSMITTERS: TELEVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                    |                            |                                      |                        | G    |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                  |                    |                            |                                      |                        |      |
| CHANNEL LINE-UP AA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                    |                            |                                      |                        |      |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |      |
| KRDK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 24               | I                  | No                         |                                      | VALLEY CITY, ND        |      |
| WDAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6                | N                  | No                         |                                      | FARGO, ND              |      |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                | N                  | Yes                        | 0                                    | MINNEAPOLIS, MN        |      |
| KVRR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15               | N                  | No                         |                                      | FARGO, ND              |      |
| KVLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36               | N                  | No                         |                                      | FARGO, ND              |      |
| KFME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13               | E                  | Yes                        | 0                                    | FARGO, ND              |      |
| KWCM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10               | E                  | Yes                        | 0                                    | APPLETON, MN           |      |
| KVLY-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36.3             | I-M                | No                         |                                      | FARGO, ND              |      |
| WDAY-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.3              | I-M                | No                         |                                      | FARGO, ND              |      |
| WDAY-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.2              | I-M                | No                         |                                      | FARGO, ND              |      |
| KVRR-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15.2             | I-M                | No                         |                                      | FARGO, ND              |      |
| KRDK-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.3             | I-M                | No                         |                                      | VALLEY CITY, ND        |      |
| KRDK-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.4             | I-M                | No                         |                                      | VALLEY CITY, ND        |      |
| KVLY-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36.2             | N-M                | NO                         |                                      | FARGO, ND              |      |
| KRDK-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.5             | I-M                | NO                         |                                      | VALLEY CITY, ND        |      |
| KRDK-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.6             | I-M                | NO                         |                                      | VALLEY CITY, ND        |      |
| KRDK-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.7             | I-M                | NO                         |                                      | VALLEY CITY, ND        |      |
| KRDK-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.8             | I-M                | NO                         |                                      | VALLEY CITY, ND        |      |
| KRDK-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.2             | I-M                | NO                         |                                      | VALLEY CITY, ND        |      |
| KVLY-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36.4             | I-M                | NO                         |                                      | FARGO, ND              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                        |      |
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Form SA3E Long Form (Rev. 05-17)

| LEGAL NAME OF OWNER OR CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                        | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|----------------------------------|----------------------------------------|
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                    |                            |                                      |                        | G                                | Primary<br>Transmitters:<br>Television |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                  |                    |                            |                                      |                        |                                  |                                        |
| CHANNEL LINE-UP AE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                    |                            |                                      |                        |                                  |                                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |                                  |                                        |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7                | N                  | No                         | 0                                    | MINNEAPOLIS, MN        |                                  |                                        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9                | N                  | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 31               | N                  | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| Kawe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9                | E                  | Yes                        |                                      | BEMIDJI, MN            |                                  |                                        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 45               | I                  | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29               | I                  | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 23               | I                  | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 41               | I                  | No                         |                                      | ST. CLOUD, MN          |                                  |                                        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.2              | I-M                | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31.2             | I-M                | No                         |                                      | MINNEAPOLIS, MN        |                                  |                                        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.3              | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.4              | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.6              | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.7              | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5                | N                  | NO                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31.4             | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31.3             | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31.5             | I-M                | No                         | MINNEAPOLIS, MN                      |                        |                                  |                                        |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41.2             | I-M                | NO                         | ST. CLOUD, MN                        |                        |                                  |                                        |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41.3             | I-M                | NO                         | ST. CLOUD, MN                        |                        |                                  |                                        |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41.4             | I-M                | NO                         | ST. CLOUD, MN                        |                        |                                  |                                        |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41.5             | I-M                | NO                         | ST. CLOUD, MN                        |                        |                                  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |                            |                                      |                        |                                  |                                        |
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FORM SA3E, PAGE 4.

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>        |                            |                                         |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                    |                            |                                         |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                  |                    | <b>G</b>                   | <b>Primary Transmitters: Television</b> |                        |
| <b>CHANNEL LINE-UP AH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                    |                            |                                         |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. B'CAST NUMBER                 | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant)    | 6. LOCATION OF STATION |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4.2                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 31                               | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 31.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 31.3                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 31.4                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 31.5                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KAWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9                                | E                  | YES                        | 0                                       | BEMIDJI, MN            |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.3                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.4                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.6                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.7                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 45                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 29                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 23                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 41                               | I                  | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41.2                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41.3                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41.4                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41.5                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                    |                            |                                         |                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>        |                            |                                      |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                    |                            |                                      |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                  |                    |                            |                                      |                        |
| <b>CHANNEL LINE-UP AM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                            |                                      |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER                 | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.2                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                               | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.2                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.3                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.4                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.5                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.3                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.4                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.6                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.7                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WUCW-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23.2                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 41                               | I                  | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.2                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.3                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.4                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.5                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KTCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                | E                  | YES                        | 0                                    | MINNEAPOLIS, MN        |
| KTCA-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.3                              | E-M                | YES                        | 0                                    | MINNEAPOLIS, MN        |

G

**Primary  
Transmitters:  
Television**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                            |                                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|----------------------------|-----------------------------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>        |                            |                                         |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                    |                            |                                         |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                  |                    | <b>G</b>                   | <b>Primary Transmitters: Television</b> |                        |
| <b>CHANNEL LINE-UP AN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                            |                                         |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER                 | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF CARRIAGE (if distant)       | 6. LOCATION OF STATION |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.2                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                               | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.3                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.4                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.5                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.3                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.4                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.6                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.7                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 41                               | I                  | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.2                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.3                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.4                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.5                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KAWF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                | E                  | YES                        | 0                                       | BEMIDJI, MN            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                            |                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                            |                                         |                        |

FORM SA3E, PAGE 4.

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>        |                            |                                         |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                    |                            |                                         |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                  |                    | <b>G</b>                   | <b>Primary Transmitters: Television</b> |                        |
| <b>CHANNEL LINE-UP AO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                            |                                         |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER                 | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF CARRIAGE (if distant)       | 6. LOCATION OF STATION |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.2                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                               | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.3                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.4                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.5                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                                | N                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.3                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.4                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.6                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.7                              | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23                               | I                  | NO                         |                                         | MINNEAPOLIS, MN        |
| WUCW-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23.2                             | I-M                | NO                         |                                         | MINNEAPOLIS, MN        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 41                               | I                  | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.2                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.3                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.4                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.5                             | I-M                | NO                         |                                         | ST. CLOUD, MN          |
| KTCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                | E                  | NO                         |                                         | MINNEAPOLIS, MN        |
| KTCA-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.3                              | E-M                | NO                         |                                         | MINNEAPOLIS, MN        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                            |                                      |                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>        |                            |                                      |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                    |                            |                                      |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                  |                    |                            |                                      |                        |
| <b>CHANNEL LINE-UP AP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                            |                                      |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER                 | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
| WCCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WCCO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.2                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KMSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                               | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.2                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.3                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.4                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KARE-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31.5                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                                | N                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.3                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.4                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTC-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.6                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KSTP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.7                              | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| WFTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WUCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23                               | I                  | NO                         |                                      | MINNEAPOLIS, MN        |
| WUCW-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23.2                             | I-M                | NO                         |                                      | MINNEAPOLIS, MN        |
| KPXM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 41                               | I                  | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.2                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.3                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.4                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KPXM-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.5                             | I-M                | NO                         |                                      | ST. CLOUD, MN          |
| KWCM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10                               | E                  | NO                         |                                      | APPLETON, MN           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                            |                                      |                        |
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**G**  
  
**Primary  
Transmitters:  
Television**

[illegible]

[illegible]

[illegible]

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[illegible]

LOCATION OF STATION

Form SA3E Long Form (Rev. 05-17)

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |      |    |                           |                                 |      |    |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|----|---------------------------|---------------------------------|------|----|
| Name                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |      |    | SYSTEM ID#<br><b>1938</b> |                                 |      |    |
| <div>J</div> <div>Part-Time Carriage Log</div> | <b>PART-TIME CARRIAGE LOG</b><br><b>In General:</b> This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.<br><b>Column 1 (Call sign):</b> Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.<br><b>Column 2 (Dates and hours of carriage):</b> For each station, list the dates and hours when part-time carriage occurred during the accounting period.<br>• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."<br>• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."<br>• 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHEN CARRIAGE OCCURRED<br>HOURS |      |    | CALL SIGN                 | WHEN CARRIAGE OCCURRED<br>HOURS |      |    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE                            | FROM | TO |                           | DATE                            | FROM | TO |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |      | —  |                           |                                 |      | —  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SYSTEM ID#</b><br><b>1938</b> | <b>Name</b>                                                                                                                                                            |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> 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.<br>Gross receipts from subscribers for secondary transmission service(s) .....<br>during the accounting period. ....<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                      |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• 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.<br>• 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.<br>▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<br>▶ 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                               |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MINIMUM FEE:</b> 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.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;">\$ <b>4,801,960.42</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here. <span style="float: right;">\$ <b>51,092.86</b></span><br>This is your minimum fee.                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                        |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISTANT TELEVISION STATIONS CARRIED:</b> 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.<br>• Did your cable system carry any distant television stations during the accounting period?<br><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. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>18,198.77</b></span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>4,952.57</b></span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right;">\$ <b>23,151.33</b></span>                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                        |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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. <span style="float: right;">\$ <b>51,092.86</b></span><br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <span style="float: right;">0.00</span><br>Line 3. <b>FILING FEE.</b> ..... <span style="float: right;">\$ <b>725.00</b></span><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here ..... <span style="float: right;">\$ <b>51,817.86</b></span><br>EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |                                  | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |
| <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                        |

| Name                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SYSTEM ID#<br><b>1938</b> |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>M</b><br>Channels                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>69</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>350+</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| <b>N</b><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>JOEL SMITH</b> Telephone <b>218.346.8270</b><br><br>Address <b>150 ND ST SW</b><br>(Number, street, rural route, apartment, or suite number)<br><b>PERHAM, MN 56573</b><br>(City, town, state, zip)<br><br>Email <b>joel.smith@arvig.com</b> Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| <b>O</b><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><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<br><br><input 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<br><br><input checked="" 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.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br> <b>X</b> <b>/s/ Joel Smith</b><br><br>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.<br><br>Typed or printed name: <b>Joel Smith</b><br><br>Title: <b>Manager of Video Operations</b><br>(Title of official position held in corporation or partnership)<br><br>Date: <b>August 26, 2026</b> |                           |

**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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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>SYSTEM ID#</b><br><b>1938</b>                                             | <b>Name</b> |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>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?<br><br><input checked="checked" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ |  | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Name                                                                         |             |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address                                                              |             |
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| <b>INTEREST ASSESSMENTS</b><br><br>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.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . .<br><div style="text-align: right;">x</div><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><div style="text-align: right;">x days</div><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><div style="text-align: right;">x 0.00274</div><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ -<br><div style="text-align: right;">(interest charge)</div><br><br><p><small>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</small></p> <p><small>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</small></p> <p><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.</small></p> <div style="margin-top: 10px;">             Owner<br/>             Address<br/>             First community served<br/>             Accounting period<br/>             ID number           </div> |  | <b>Q</b><br><br><b>Interest Assessment</b> |  |
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**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.

Add rows as necessary.  
Remember to copy all formula into new rows.

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| <b>Name</b>                                                                                                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                   |                            |               | <b>SYSTEM ID#</b><br><b>1938</b> |                           |        |
| <b>3</b><br><br><b>Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity</b>                                       | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> 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.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> 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. |                                      |                                   |                            |               |                                  |                           |        |
|                                                                                                                                                           | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                   |                            |               |                                  |                           |        |
|                                                                                                                                                           | 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                          | =             |                                  |                           |        |
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| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, ..... ▶     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            | 0.00          |                                  |                           |        |
| <b>4</b><br><br><b>Computation of DSEs for Substitute-Basis Stations</b>                                                                                  | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• 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<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> 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).                                                                                                                         |                                      |                                   |                            |               |                                  |                           |        |
|                                                                                                                                                           | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                   |                            |               |                                  |                           |        |
|                                                                                                                                                           | 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 |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                | =                         |        |
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| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, ..... ▶ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                                  | 0.00                      |        |
| <b>5</b><br><br><b>Total Number of DSEs</b>                                                                                                               | <b>TOTAL NUMBER OF DSEs:</b> 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 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 2.00          |                                  |                           |        |
|                                                                                                                                                           | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 0.00          |                                  |                           |        |
|                                                                                                                                                           | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 0.00          |                                  |                           |        |
| TOTAL NUMBER OF DSEs                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | ▶                                 |                            |               |                                  | 2.00                      |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                  |                    |             |  |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------|--------------------|--------|----------------------------------|--------------------|-------------|--|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        | <b>SYSTEM ID#</b><br><b>1938</b> |                    | <b>Name</b> |  |   |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer is "No," complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                  |                    |             |  | 6 |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                                  |                    |             |  |   |
| 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?<br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        |                                  |                    |             |  |   |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        |                                  |                    |             |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Column 1:<br/>CALL SIGN</p> <p>Column 2:<br/>BASIS OF PERMITTED CARRIAGE</p> <p>Column 3:</p> </div> <div style="width: 50%;"> <p>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>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>M Retransmission of a distant multicast stream.</p> <p>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.<br/>           *(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> </div> </div> |                    |        |              |                    |        |                                  |                    |             |  |   |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                     | 2. PERMITTED BASIS | 3. DSE      |  |   |
| KFME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
| KWCM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
| KAWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
| KTCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
| KTCA-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
| WDSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                  | 0.25   |              |                    |        |                                  |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                  |                    | <b>1.50</b> |  |   |
| <b>BLOCK C: COMPUTATION OF 3.75 FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 1: Enter the total number of DSEs from part 5 of this schedule .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 2: Enter the sum of permitted DSEs from block B above .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ..... <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 4: Enter gross receipts from space K (page 7) .....<br>x 0.0375                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 5: Multiply line 4 by 0.0375 and enter sum here .....<br>x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                  |                    |             |  |   |
| Line 6: Enter total number of DSEs from line 3 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                  |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                  |                    | <b>0.00</b> |  |   |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                  |                    |             |  |   |

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

[illegible]

Form SA3E Long Form (Rev. 05-17)

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name                                                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SYSTEM ID#<br><b>1938</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <div>7</div> <div>Computation of Base Rate Fee</div> | <b>Instructions:</b><br>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.<br>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.<br>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.<br><b>What is a partially distant station?</b> 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?<br><input checked="" type="checkbox"/> Yes—Complete part 8 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.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                      | Section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>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.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶ _____</p> <p>C. Subtract 1.000 from total DSEs<br/>(the figure in section 2) and enter here. . . . . ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here<br/>and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee.</b> . . . . . ▶ \$. <span>0.00</span></p> |  |

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SYSTEM ID#<br><b>1938</b> | Name                                                                                                                                                         |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section<br><b>4</b> | <p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(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<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(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.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                  |
|                     | <p><b>IMPORTANT:</b> 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><b>In General:</b> 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><b>First:</b> 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><b>Finally:</b> 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><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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><b>Step 3:</b> 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><b>Computing the base rate fee for each subscriber group:</b> 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"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• 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.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) 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.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• 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.</li> <li>• 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.</li> </ul> |                           | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |

|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-----|-----------------|-----------------------------------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------|--|-----------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |      |           |     |                 |                                                           | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                      |  |                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |      |           |     |                 | SECOND SUBSCRIBER GROUP                                   |                             |     |                                                                                           |  |                 |  |
| COMMUNITY/ AREA <b>Sub Group #1/Otter Tail Cty</b>                                                                                                                |      |           |     |                 | COMMUNITY/ AREA <b>Sub Group #2/ Becker, Mahanomen, I</b> |                             |     |                                                                                           |  |                 |  |
| CALL SIGN                                                                                                                                                         | DSE  | CALL SIGN | DSE | CALL SIGN       | DSE                                                       | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |                 |  |
| KFME                                                                                                                                                              | 0.25 |           |     | WCCO            | 0.25                                                      |                             |     |                                                                                           |  |                 |  |
| KWCM                                                                                                                                                              | 0.25 |           |     | KWCM            | 0.25                                                      |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
| Total DSEs                                                                                                                                                        |      |           |     | 0.50            |                                                           | Total DSEs                  |     |                                                                                           |  | 0.50            |  |
| Gross Receipts First Group                                                                                                                                        |      |           |     | \$ 1,260,832.79 |                                                           | Gross Receipts Second Group |     |                                                                                           |  | \$ 1,092,915.86 |  |
| Base Rate Fee First Group                                                                                                                                         |      |           |     | \$ 6,707.63     |                                                           | Base Rate Fee Second Group  |     |                                                                                           |  | \$ 5,814.31     |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |      |           |     |                 | FOURTH SUBSCRIBER GROUP                                   |                             |     |                                                                                           |  |                 |  |
| COMMUNITY/ AREA <b>Sub Group #3/Becker County-Os</b>                                                                                                              |      |           |     |                 | COMMUNITY/ AREA <b>Sub Group #4/Clay County</b>           |                             |     |                                                                                           |  |                 |  |
| CALL SIGN                                                                                                                                                         | DSE  | CALL SIGN | DSE | CALL SIGN       | DSE                                                       | CALL SIGN                   | DSE |                                                                                           |  |                 |  |
| KFME                                                                                                                                                              | 0.25 |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
| KWCM                                                                                                                                                              | 0.25 |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
|                                                                                                                                                                   |      |           |     |                 |                                                           |                             |     |                                                                                           |  |                 |  |
| Total DSEs                                                                                                                                                        |      |           |     | 0.50            |                                                           | Total DSEs                  |     |                                                                                           |  | 0.00            |  |
| Gross Receipts Third Group                                                                                                                                        |      |           |     | \$ 31,015.82    |                                                           | Gross Receipts Fourth Group |     |                                                                                           |  | \$ 102,882.94   |  |
| Base Rate Fee Third Group                                                                                                                                         |      |           |     | \$ 165.00       |                                                           | Base Rate Fee Fourth Group  |     |                                                                                           |  | \$ 0.00         |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |      |           |     |                 |                                                           |                             |     |                                                                                           |  | \$ 18,198.77    |  |

|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-----|----------------------|----------------------------------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |             |           |     |                      |                                                          | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                      |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |             |           |     |                      | SIXTH SUBSCRIBER GROUP                                   |                             |     |                                                                                           |  |
| COMMUNITY/ AREA <b>Sub Group #5/Norman County</b>                                                                                                                 |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #6/Todd, Pope, Douglass</b> |                             |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                      | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| <b>WCCO</b>                                                                                                                                                       | <b>0.25</b> |           |     | <b>KTCA</b>          | <b>0.25</b>                                              |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     | <b>KTCA-3</b>        | <b>0.25</b>                                              |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
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|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.25</b>          |                                                          | Total DSEs                  |     |                                                                                           |  |
| Gross Receipts First Group                                                                                                                                        |             |           |     | \$ <b>11,740.47</b>  |                                                          | Gross Receipts Second Group |     |                                                                                           |  |
| Base Rate Fee First Group                                                                                                                                         |             |           |     | \$ <b>31.23</b>      |                                                          | Base Rate Fee Second Group  |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |             |           |     |                      | EIGHTH SUBSCRIBER GROUP                                  |                             |     |                                                                                           |  |
| COMMUNITY/ AREA <b>Sub Group #7/Cass-Hubbard Co</b>                                                                                                               |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #8/Wadena County SE</b>     |                             |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                      | CALL SIGN                   | DSE |                                                                                           |  |
|                                                                                                                                                                   |             |           |     | <b>Kawe</b>          | <b>0.25</b>                                              |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
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|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.00</b>          |                                                          | Total DSEs                  |     |                                                                                           |  |
| Gross Receipts Third Group                                                                                                                                        |             |           |     | \$ <b>531,950.27</b> |                                                          | Gross Receipts Fourth Group |     |                                                                                           |  |
| Base Rate Fee Third Group                                                                                                                                         |             |           |     | \$ <b>0.00</b>       |                                                          | Base Rate Fee Fourth Group  |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |           |     |                      |                                                          |                             |     |                                                                                           |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |             |           |     |                      |                                                          |                             |     |                                                                                           |  |

|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-----|----------------------|-----------------------------------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------|--|---------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |             |           |     |                      |                                                           | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                      |  |                     |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |             |           |     |                      | TENTH SUBSCRIBER GROUP                                    |                             |     |                                                                                           |  |                     |  |
| COMMUNITY/ AREA <b>Sub Group #9/Hubbard Cty - Par</b>                                                                                                             |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #10/Itasca and St. Louis</b> |                             |     |                                                                                           |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                       | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.00</b>          |                                                           | Total DSEs                  |     |                                                                                           |  | <b>0.25</b>         |  |
| Gross Receipts First Group                                                                                                                                        |             |           |     | \$ <b>183,185.59</b> |                                                           | Gross Receipts Second Group |     |                                                                                           |  | \$ <b>42,854.77</b> |  |
| Base Rate Fee First Group                                                                                                                                         |             |           |     | \$ <b>0.00</b>       |                                                           | Base Rate Fee Second Group  |     |                                                                                           |  | \$ <b>113.99</b>    |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |             |           |     |                      | TWELVTH SUBSCRIBER GROUP                                  |                             |     |                                                                                           |  |                     |  |
| COMMUNITY/ AREA <b>Sub Group #11/Todd County - E</b>                                                                                                              |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #12/Mower and Fillmore</b>   |                             |     |                                                                                           |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                       | CALL SIGN                   | DSE |                                                                                           |  |                     |  |
| <b>Kawe</b>                                                                                                                                                       | <b>0.25</b> |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.25</b>          |                                                           | Total DSEs                  |     |                                                                                           |  | <b>0.00</b>         |  |
| Gross Receipts Third Group                                                                                                                                        |             |           |     | \$ <b>4,914.88</b>   |                                                           | Gross Receipts Fourth Group |     |                                                                                           |  | \$ <b>32,867.66</b> |  |
| Base Rate Fee Third Group                                                                                                                                         |             |           |     | \$ <b>13.07</b>      |                                                           | Base Rate Fee Fourth Group  |     |                                                                                           |  | \$ <b>0.00</b>      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |             |           |     |                      |                                                           |                             |     |                                                                                           |  |                     |  |

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-----|----------------------|----------------------------------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------|--|----------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |             |           |     |                      |                                                          | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                      |  |                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                      |             |           |     |                      | EIGHTEENTH SUBSCRIBER GROUP                              |                             |     |                                                                                           |  |                      |  |
| COMMUNITY/ AREA <b>Sub Group #17/Otter Tail County</b>                                                                                                            |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #18/Clay County - Glynd</b> |                             |     |                                                                                           |  |                      |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                      | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.00</b>          |                                                          | Total DSEs                  |     |                                                                                           |  | <b>0.00</b>          |  |
| Gross Receipts First Group                                                                                                                                        |             |           |     | <b>\$ 193,060.56</b> |                                                          | Gross Receipts Second Group |     |                                                                                           |  | <b>\$ 8,437.87</b>   |  |
| Base Rate Fee First Group                                                                                                                                         |             |           |     | <b>\$ 0.00</b>       |                                                          | Base Rate Fee Second Group  |     |                                                                                           |  | <b>\$ 0.00</b>       |  |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                                       |             |           |     |                      | TWENTIETH SUBSCRIBER GROUP                               |                             |     |                                                                                           |  |                      |  |
| COMMUNITY/ AREA <b>Sub Group #19/Stearns</b>                                                                                                                      |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #20/Todd and Meeker Co</b>  |                             |     |                                                                                           |  |                      |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                      | CALL SIGN                   | DSE |                                                                                           |  |                      |  |
| <b>KTCA</b>                                                                                                                                                       | <b>0.25</b> |           |     | <b>Kawe</b>          | <b>0.25</b>                                              |                             |     |                                                                                           |  |                      |  |
| <b>KTCA-3</b>                                                                                                                                                     | <b>0.25</b> |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
|                                                                                                                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.50</b>          |                                                          | Total DSEs                  |     |                                                                                           |  | <b>0.25</b>          |  |
| Gross Receipts Third Group                                                                                                                                        |             |           |     | <b>\$ 539,393.02</b> |                                                          | Gross Receipts Fourth Group |     |                                                                                           |  | <b>\$ 135,680.21</b> |  |
| Base Rate Fee Third Group                                                                                                                                         |             |           |     | <b>\$ 2,869.57</b>   |                                                          | Base Rate Fee Fourth Group  |     |                                                                                           |  | <b>\$ 360.91</b>     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |             |           |     |                      |                                                          |                             |     |                                                                                           |  |                      |  |

|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------|----------------------------------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------|--|---------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                     |                                                          | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                      |  |                     |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                     | TWENTY-SECOND SUBSCRIBER GROUP                           |                             |     |                                                                                           |  |                     |  |
| COMMUNITY/ AREA <b>Sub Group #21/Wright County</b>                                                                                                                |     |           |     |                     | COMMUNITY/ AREA <b>Sub Group #22/Redwood,Renville, Y</b> |                             |     |                                                                                           |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                                      | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                                          | Total DSEs                  |     |                                                                                           |  | <b>0.00</b>         |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | <b>\$ 99,688.22</b> |                                                          | Gross Receipts Second Group |     |                                                                                           |  | <b>\$ 23,754.96</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | <b>\$ 0.00</b>      |                                                          | Base Rate Fee Second Group  |     |                                                                                           |  | <b>\$ 0.00</b>      |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                     | TWENTY-FOURTH SUBSCRIBER GROUP                           |                             |     |                                                                                           |  |                     |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                     | COMMUNITY/ AREA <b>0</b>                                 |                             |     |                                                                                           |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                                      | CALL SIGN                   | DSE |                                                                                           |  |                     |  |
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| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                                          | Total DSEs                  |     |                                                                                           |  | <b>0.00</b>         |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | <b>\$ 0.00</b>      |                                                          | Gross Receipts Fourth Group |     |                                                                                           |  | <b>\$ 0.00</b>      |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | <b>\$ 0.00</b>      |                                                          | Base Rate Fee Fourth Group  |     |                                                                                           |  | <b>\$ 0.00</b>      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |     |           |     |                     |                                                          |                             |     |                                                                                           |  |                     |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | TWENTY-SIXTH SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | TWENTY-EIGHTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

Form SA3E Long Form (Rev. 05-17)

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                             |     |           |     | THIRTY-FOURTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                             |     |           |     | THIRTY-SIXTH SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | THIRTY-EIGHTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | FORTIETH SUBSCRIBER GROUP                                              |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                                                                                                                    |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                                                                                                                                                                                     |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     | FORTY-SECOND SUBSCRIBER GROUP                                          |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                                                                                                                                                                                           | DSE |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     | FORTY-FOURTH SUBSCRIBER GROUP                                          |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                                                                                                                                                                                           | DSE |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                                                                                                                                                                                     |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     | <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FORTY-SIXTH SUBSCRIBER GROUP                         |                            |     |                                                                                                                                                                                                                                                                                              |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | FORTY-EIGHTH SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                                                                                                                                              |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                                                                                                                                              |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                                                                                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTIETH SUBSCRIBER GROUP                                              |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTY-SECOND SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                      |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTY-FOURTH SUBSCRIBER GROUP                        |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs                                                                                                                                                                                                                                                                |     | 0.00      |     | Total DSEs                                           |     | 0.00                             |     |                                                                                                                                                                             |
| Gross Receipts First Group                                                                                                                                                                                                                                                |     | \$ 0.00   |     | Gross Receipts Second Group                          |     | \$ 0.00                          |     |                                                                                                                                                                             |
| Base Rate Fee First Group                                                                                                                                                                                                                                                 |     | \$ 0.00   |     | Base Rate Fee Second Group                           |     | \$ 0.00                          |     |                                                                                                                                                                             |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTY-SIXTH SUBSCRIBER GROUP                         |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs                                                                                                                                                                                                                                                                |     | 0.00      |     | Total DSEs                                           |     | 0.00                             |     |                                                                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                                                                                                                                |     | \$ 0.00   |     | Gross Receipts Fourth Group                          |     | \$ 0.00                          |     |                                                                                                                                                                             |
| Base Rate Fee Third Group                                                                                                                                                                                                                                                 |     | \$ 0.00   |     | Base Rate Fee Fourth Group                           |     | \$ 0.00                          |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                      |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                      | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | FIFTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                      | <b>0.00</b>               |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                                      | \$ <b>0.00</b>            |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                                      | \$ <b>0.00</b>            |     |                                                                                                    |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                      | <b>0.00</b>               |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                                      | \$ <b>0.00</b>            |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                                      | \$ <b>0.00</b>            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                         |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                             |     |                |     |                                                      |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                        |     |                |     | SIXTY-SECOND SUBSCRIBER GROUP                        |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                           | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
| Total DSEs                                                                                                                                                                                                                                                          |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                                             |
| Gross Receipts First Group                                                                                                                                                                                                                                          |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| Base Rate Fee First Group                                                                                                                                                                                                                                           |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                        |     |                |     | SIXTY-FOURTH SUBSCRIBER GROUP                        |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                           | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                     |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |
| Total DSEs                                                                                                                                                                                                                                                          |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                                                                                                                          |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| Base Rate Fee Third Group                                                                                                                                                                                                                                           |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 5px; width: 150px;"> <b>\$</b> </div> |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |

|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | SIXTY-SIXTH SUBSCRIBER GROUP                         |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div>                                          |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | SIXTY-EIGHTH SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SEVENTIETH SUBSCRIBER GROUP                          |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SECOND SUBSCRIBER GROUP                      |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                                   |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                      |     |                                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                    |     |           |     | SEVENTY-FOURTH SUBSCRIBER GROUP                      |     |                                                                                                                    |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                                           |     | 0.00                                                                                                               |     |                                                                                                                                                                             |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group                          |     | \$ 0.00                                                                                                            |     |                                                                                                                                                                             |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group                           |     | \$ 0.00                                                                                                            |     |                                                                                                                                                                             |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     | SEVENTY-SIXTH SUBSCRIBER GROUP                       |     |                                                                                                                    |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
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|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                             |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                                           |     | 0.00                                                                                                               |     |                                                                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group                          |     | \$ 0.00                                                                                                            |     |                                                                                                                                                                             |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group                           |     | \$ 0.00                                                                                                            |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                      |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     | SEVENTY-EIGHTH SUBSCRIBER GROUP                                        |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     | EIGHTIETH SUBSCRIBER GROUP                                             |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| <b>EIGHTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                              |     |                |     | <b>EIGHTY-SECOND SUBSCRIBER GROUP</b>                |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                            |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |
| <b>EIGHTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                              |     |                |     | <b>EIGHTY-FOURTH SUBSCRIBER GROUP</b>                |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                            |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |                |     |                                                      |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | EIGHTY-SIXTH SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | EIGHTY-EIGHTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                                                                                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINETY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                                                                                                                      |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; background-color: white; margin: 0 auto;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                      | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINETY-FOURTH SUBSCRIBER GROUP                       |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                    |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINETY-SIXTH SUBSCRIBER GROUP                        |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | NINETY-EIGHTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDREDTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|-------------------------------------------------------------|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED SECOND SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED FOURTH SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div>                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                                   |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |                |     | ONE HUNDRED SIXTH SUBSCRIBER GROUP                   |     |                                                                                                                    |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                            |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                            |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                            |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |                |     | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                  |     |                                                                                                                    |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                            |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                            |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                            |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |           |     | ONE HUNDRED TENTH SUBSCRIBER GROUP                                     |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                                   |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP                                |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP                                 |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                           |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP              |                            |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                           |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                           |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                           |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                           |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                        | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP               |                            |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                           |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                           |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                           |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     |                                                                                           |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; display: inline-block;"></div>                                         |     |           |     |                                                                        |                                                      |                            |     |                                                                                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b> |     |           |     |                                                       |                                                   | <b>SYSTEM ID#</b><br>1938 |     | <b>Name</b> |  |
|-----------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------|---------------------------------------------------|---------------------------|-----|-------------|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP            |     |           |     |                                                       |                                                   |                           |     |             |  |
| <b>ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP</b>                            |     |           |     |                                                       | <b>ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP</b> |                           |     |             |  |
| COMMUNITY/ AREA _____ <b>0</b>                                              |     |           |     |                                                       | COMMUNITY/ AREA _____ <b>0</b>                    |                           |     |             |  |
| CALL SIGN                                                                   | DSE | CALL SIGN | DSE | CALL SIGN                                             | DSE                                               | CALL SIGN                 | DSE |             |  |
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| Total DSEs _____ <b>0.00</b>                                                |     |           |     | Total DSEs _____ <b>0.00</b>                          |                                                   |                           |     |             |  |
| Gross Receipts First Group      \$ _____ <b>0.00</b>                        |     |           |     | Gross Receipts Second Group    \$ _____ <b>0.00</b>   |                                                   |                           |     |             |  |
| Base Rate Fee First Group         \$ _____ <b>0.00</b>                      |     |           |     | Base Rate Fee Second Group       \$ _____ <b>0.00</b> |                                                   |                           |     |             |  |
| <b>ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP</b>                            |     |           |     |                                                       | <b>ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP</b> |                           |     |             |  |
| COMMUNITY/ AREA _____ <b>0</b>                                              |     |           |     |                                                       | COMMUNITY/ AREA _____ <b>0</b>                    |                           |     |             |  |
| CALL SIGN                                                                   | DSE | CALL SIGN | DSE | CALL SIGN                                             | DSE                                               | CALL SIGN                 | DSE |             |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |                |     |                                                      |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                 |     |                |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP            |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs                                                                                                                                                                                                                                                                |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                                             |
| Gross Receipts First Group                                                                                                                                                                                                                                                |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| Base Rate Fee First Group                                                                                                                                                                                                                                                 |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                               |     |                |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs                                                                                                                                                                                                                                                                |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                      |     |                                                                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                                                                                                                                |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| Base Rate Fee Third Group                                                                                                                                                                                                                                                 |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |                |     |                                                      |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                 |     |           |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                                 |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                 |     |           |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

Form SA3E Long Form (Rev. 05-17)

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                               |     |           |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                 |     |           |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                                  |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                              |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP                              |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                                                                                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                    |                           |     |                                                                                                                                                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                                               | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                                                                                                                      |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; background-color: white; margin: 0 auto;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                            |                                           | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                            | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP     |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                                            | COMMUNITY/ AREA <b>0</b>                  |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE                                       | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
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|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
| Total DSEs <b>0.00</b>                                                                                                                                            |     |           |     | Total DSEs <b>0.00</b>                     |                                           |                           |     |                                                                                           |  |
| Gross Receipts First Group \$ <b>0.00</b>                                                                                                                         |     |           |     | Gross Receipts Second Group \$ <b>0.00</b> |                                           |                           |     |                                                                                           |  |
| Base Rate Fee First Group \$ <b>0.00</b>                                                                                                                          |     |           |     | Base Rate Fee Second Group \$ <b>0.00</b>  |                                           |                           |     |                                                                                           |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                            | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                                            | COMMUNITY/ AREA <b>0</b>                  |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE                                       | CALL SIGN                 | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
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|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
| Total DSEs <b>0.00</b>                                                                                                                                            |     |           |     | Total DSEs <b>0.00</b>                     |                                           |                           |     |                                                                                           |  |
| Gross Receipts Third Group \$ <b>0.00</b>                                                                                                                         |     |           |     | Gross Receipts Fourth Group \$ <b>0.00</b> |                                           |                           |     |                                                                                           |  |
| Base Rate Fee Third Group \$ <b>0.00</b>                                                                                                                          |     |           |     | Base Rate Fee Fourth Group \$ <b>0.00</b>  |                                           |                           |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                            |                                           |                           |     |                                                                                           |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></span>                                    |     |           |     |                                            |                                           |                           |     |                                                                                           |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP                              |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP                               |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                |     |           |     | ONE HUNDRED FIFTY-EIGHTTH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                                  |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |             |                        |     |                             |                                                          | SYSTEM ID#<br><b>1938</b> |     | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |             |                        |     |                             | SECOND SUBSCRIBER GROUP                                  |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Sub Group #1/Otter Tail Cty</b>                                                                                                                |             |                        |     |                             | COMMUNITY/ AREA <b>Sub Group #2/ Becker, Mahnomen, I</b> |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN              | DSE | CALL SIGN                   | DSE                                                      | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |             | <b>0.00</b>            |     | Total DSEs                  |                                                          | <b>0.00</b>               |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |             | \$ <b>1,260,832.79</b> |     | Gross Receipts Second Group |                                                          | \$ <b>1,092,915.86</b>    |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |             | \$ <b>0.00</b>         |     | Base Rate Fee Second Group  |                                                          | \$ <b>0.00</b>            |     |                                                                                      |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |             |                        |     |                             | FOURTH SUBSCRIBER GROUP                                  |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Sub Group #3/Becker County-Os</b>                                                                                                              |             |                        |     |                             | COMMUNITY/ AREA <b>Sub Group #4/Clay County</b>          |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN              | DSE | CALL SIGN                   | DSE                                                      | CALL SIGN                 | DSE |                                                                                      |  |
| <b>WCCO</b>                                                                                                                                                       | <b>0.25</b> |                        |     | <b>WCCO</b>                 | <b>0.25</b>                                              |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
|                                                                                                                                                                   |             |                        |     |                             |                                                          |                           |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |             | <b>0.25</b>            |     | Total DSEs                  |                                                          | <b>0.25</b>               |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |             | \$ <b>31,015.82</b>    |     | Gross Receipts Fourth Group |                                                          | \$ <b>102,882.94</b>      |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |             | \$ <b>290.77</b>       |     | Base Rate Fee Fourth Group  |                                                          | \$ <b>964.53</b>          |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |                        |     |                             |                                                          |                           |     | \$ <b>4,952.57</b>                                                                   |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------|----------------------------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------|--|---------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |               |                                                          | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                 |  |               |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |               | SIXTH SUBSCRIBER GROUP                                   |                             |     |                                                                                      |  |               |  |
| COMMUNITY/ AREA <b>Sub Group #5/Norman County</b>                                                                                                                 |     |           |     |               | COMMUNITY/ AREA <b>Sub Group #6/Todd, Pope, Douglass</b> |                             |     |                                                                                      |  |               |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN     | DSE                                                      | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00          |                                                          | Total DSEs                  |     |                                                                                      |  | 0.00          |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ 11,740.47  |                                                          | Gross Receipts Second Group |     |                                                                                      |  | \$ 112,404.02 |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ 0.00       |                                                          | Base Rate Fee Second Group  |     |                                                                                      |  | \$ 0.00       |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |               | EIGHTH SUBSCRIBER GROUP                                  |                             |     |                                                                                      |  |               |  |
| COMMUNITY/ AREA <b>Sub Group #7/Cass-Hubbard Co</b>                                                                                                               |     |           |     |               | COMMUNITY/ AREA <b>Sub Group #8/Wadena County SE</b>     |                             |     |                                                                                      |  |               |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN     | DSE                                                      | CALL SIGN                   | DSE |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
|                                                                                                                                                                   |     |           |     |               |                                                          |                             |     |                                                                                      |  |               |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00          |                                                          | Total DSEs                  |     |                                                                                      |  | 0.00          |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ 531,950.27 |                                                          | Gross Receipts Fourth Group |     |                                                                                      |  | \$ 22,471.26  |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ 0.00       |                                                          | Base Rate Fee Fourth Group  |     |                                                                                      |  | \$ 0.00       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |               |                                                          |                             |     |                                                                                      |  | \$            |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-----|----------------------|-----------------------------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |             |           |     |                      |                                                           | SYSTEM ID#<br><b>1938</b>   |     | Name                                                                                 |  |                                                                                                                                |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |             |           |     |                      | TENTH SUBSCRIBER GROUP                                    |                             |     |                                                                                      |  |                                                                                                                                |  |
| COMMUNITY/ AREA <b>Sub Group #9/Hubbard Cty - Par</b>                                                                                                             |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #10/Itasca and St. Louis</b> |                             |     |                                                                                      |  |                                                                                                                                |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                       | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |                                                                                                                                |  |
| <b>KVRR</b>                                                                                                                                                       | <b>0.25</b> |           |     | <b>WCCO</b>          | <b>0.25</b>                                               |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.25</b>          |                                                           | Total DSEs                  |     |                                                                                      |  | <b>0.25</b>                                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |             |           |     | \$ <b>183,185.59</b> |                                                           | Gross Receipts Second Group |     |                                                                                      |  | \$ <b>42,854.77</b>                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |             |           |     | \$ <b>1,717.36</b>   |                                                           | Base Rate Fee Second Group  |     |                                                                                      |  | \$ <b>401.76</b>                                                                                                               |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |             |           |     |                      | TWELVTH SUBSCRIBER GROUP                                  |                             |     |                                                                                      |  |                                                                                                                                |  |
| COMMUNITY/ AREA <b>Sub Group #11/Todd County - E</b>                                                                                                              |             |           |     |                      | COMMUNITY/ AREA <b>Sub Group #12/Mower and Fillmore</b>   |                             |     |                                                                                      |  |                                                                                                                                |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN | DSE | CALL SIGN            | DSE                                                       | CALL SIGN                   | DSE |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
|                                                                                                                                                                   |             |           |     |                      |                                                           |                             |     |                                                                                      |  |                                                                                                                                |  |
| Total DSEs                                                                                                                                                        |             |           |     | <b>0.00</b>          |                                                           | Total DSEs                  |     |                                                                                      |  | <b>0.00</b>                                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |             |           |     | \$ <b>4,914.88</b>   |                                                           | Gross Receipts Fourth Group |     |                                                                                      |  | \$ <b>32,867.66</b>                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |             |           |     | \$ <b>0.00</b>       |                                                           | Base Rate Fee Fourth Group  |     |                                                                                      |  | \$ <b>0.00</b>                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |           |     |                      |                                                           |                             |     |                                                                                      |  | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></span> |  |





## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------|----------------------------------------------------------|-----------------------------|-----|------|--|---------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                     |                                                          | SYSTEM ID#<br><b>1938</b>   |     | Name |  |                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                     | TWENTY-SECOND SUBSCRIBER GROUP                           |                             |     |      |  |                     |  |
| COMMUNITY/ AREA <b>Sub Group #21/Wright County</b>                                                                                                                |     |           |     |                     | COMMUNITY/ AREA <b>Sub Group #22/Redwood,Renville, Y</b> |                             |     |      |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                                      | CALL SIGN                   | DSE |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                                          | Total DSEs                  |     |      |  | <b>0.00</b>         |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <b>99,688.22</b> |                                                          | Gross Receipts Second Group |     |      |  | \$ <b>23,754.96</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                                                          | Base Rate Fee Second Group  |     |      |  | \$ <b>0.00</b>      |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                     | TWENTY-FOURTH SUBSCRIBER GROUP                           |                             |     |      |  |                     |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                     | COMMUNITY/ AREA <b>0</b>                                 |                             |     |      |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                                      | CALL SIGN                   | DSE |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                                          | Total DSEs                  |     |      |  | <b>0.00</b>         |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <b>0.00</b>      |                                                          | Gross Receipts Fourth Group |     |      |  | \$ <b>0.00</b>      |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                                                          | Base Rate Fee Fourth Group  |     |      |  | \$ <b>0.00</b>      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                     |                                                          |                             |     |      |  |                     |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |           |     |                     |                                                          |                             |     |      |  |                     |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                   |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | TWENTY-SIXTH SUBSCRIBER GROUP                        |     |                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                                                                                     |     |                                                                                                                                                                        |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     | TWENTY-EIGHTH SUBSCRIBER GROUP                       |     |                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                                                                                     |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                           |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | THIRTIETH SUBSCRIBER GROUP                                             |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                       |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     | THIRTY-SECOND SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                       |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                                   |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTY-FOURTH SUBSCRIBER GROUP                       |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTY-SIXTH SUBSCRIBER GROUP                        |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                      |     | <b>SYSTEM ID#</b><br><b>1938</b>                                                                                   |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     | THIRTY-EIGHTH SUBSCRIBER GROUP                       |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | FORTIETH SUBSCRIBER GROUP                            |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |                |     |                                                      |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>                                                                                                        |     |                                                                                                                                                                        |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                          |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                           |     | <b>\$ 0.00</b>                                                                                                     |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                           |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     | FORTY-SECOND SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                       |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     | FORTY-FOURTH SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
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|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                       |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                       |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                              |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | FORTY-SIXTH SUBSCRIBER GROUP                         |                            |     |                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                   |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations              |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                   |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                    |     |                                                                                                   |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                    |     |                                                                                                   |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | FORTY-EIGHTH SUBSCRIBER GROUP                        |                            |     |                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                   |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                   |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                   |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                    |     |                                                                                                   |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                    |     |                                                                                                   |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                            |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTIETH SUBSCRIBER GROUP                                              |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | FIFTY-SECOND SUBSCRIBER GROUP                                          |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | FIFTY-FOURTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                           |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | FIFTY-SIXTH SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | FIFTY-EIGHTH SUBSCRIBER GROUP                               |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTIETH SUBSCRIBER GROUP                                   |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                            |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | SIXTY-SECOND SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | SIXTY-FOURTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | SIXTY-SIXTH SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | SIXTY-EIGHTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                              |     |           |     | SEVENTIETH SUBSCRIBER GROUP                                            |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                            |     |           |     | SEVENTY-SECOND SUBSCRIBER GROUP                                        |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | SEVENTY-FOURTH SUBSCRIBER GROUP                      |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | SEVENTY-SIXTH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     |                             | SEVENTY-EIGHTH SUBSCRIBER GROUP                      |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                             | EIGHTIETH SUBSCRIBER GROUP                           |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                             | EIGHTY-SECOND SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                           |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                             | EIGHTY-FOURTH SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                             | EIGHTY-SIXTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                           |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                             | EIGHTY-EIGHTH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                               |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                          |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |     |                                  |     | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| <b>EIGHTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                              |     |           |     | <b>NINTIETH SUBSCRIBER GROUP</b>                                              |     |                                  |     |                                                                                      |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                   |     |                                  |     |                                                                                      |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE | CALL SIGN                        | DSE |                                                                                      |
|                                                                                                                                                                   |     |           |     |                                                                               |     |                                  |     |                                                                                      |
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|                                                                                                                                                                   |     |           |     |                                                                               |     |                                  |     |                                                                                      |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |     |                                  |     |                                                                                      |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |     |                                  |     |                                                                                      |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |     |                                  |     |                                                                                      |
| <b>NINETY-FIRST SUBSCRIBER GROUP</b>                                                                                                                              |     |           |     | <b>NINETY-SECOND SUBSCRIBER GROUP</b>                                         |     |                                  |     |                                                                                      |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                   |     |                                  |     |                                                                                      |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE | CALL SIGN                        | DSE |                                                                                      |
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|                                                                                                                                                                   |     |           |     |                                                                               |     |                                  |     |                                                                                      |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |     |                                  |     |                                                                                      |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |     |                                  |     |                                                                                      |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |     |                                  |     |                                                                                      |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |     |                                  |     |                                                                                      |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                                               |     |                                  |     |                                                                                      |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINETY-FOURTH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINETY-SIXTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                           |     |           |     | NINETY-EIGHTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                             |     |           |     | ONE HUNDREDTH SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED SECOND SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED FOURTH SUBSCRIBER GROUP                         |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                             | ONE HUNDRED SIXTH SUBSCRIBER GROUP                   |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                           |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
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| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |           |     |                             | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                             |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                          |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|-------------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED TENTH SUBSCRIBER GROUP                          |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |                |     |                             | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                              |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                        | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |                            |     |                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                   |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations              |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                   |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                   |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                   |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     |                                                                        | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |                            |     |                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                   |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                   |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                   |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                   |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                   |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                               |                                                             | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                     |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                               | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                      |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                         |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                           |     |           |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                                                |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                                                  |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                               |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                           |     |           |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                                                |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                                                  |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                               |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                 |     |           |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP                              |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                               |     |           |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                                                             |     | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                      |     |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group                                 |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group                                  |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                  |     |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group                                 |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group                                  |     | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                             |     |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |                |     |                             | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |                |     |                             | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                   |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                               |                                                             | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     |                                                                               | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                  |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                 |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                 |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                             |                                                      | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                             | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP            |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Second Group |                                                      | \$ 0.00                    |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Second Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                       |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                             | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP            |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | 0.00      |     | Total DSEs                  |                                                      | 0.00                       |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ 0.00   |     | Gross Receipts Fourth Group |                                                      | \$ 0.00                    |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ 0.00   |     | Base Rate Fee Fourth Group  |                                                      | \$ 0.00                    |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |
| <div style="border: 1px solid black; display: inline-block; background-color: yellow; padding: 5px 20px;">\$</div>                                                |     |           |     |                             |                                                      |                            |     |                                                                                                                                                       |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|-------------------------------------------------------------|----------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |                |     |                             | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                    |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                |     |                             | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                   |                            |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                            |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>             |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |           |     |                                                                               |                                                             | <b>SYSTEM ID#<br/>1938</b> |     | Name                                                                                                                                                                                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                                                                                                                                              |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP                   |                            |     |                                                                                                                                                                                                                                                                                              |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                            |     |                                                                                                                                                                                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                  | DSE |                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                            |     |                                                                                                                                                                                                                                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                            |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |

### Nonpermitted 3.75 Stations

|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-----|-------------------------------------------|-------------|-------------|----------------------------------|--|--------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                |             |             |     |                                           |             |             | <b>SYSTEM ID#</b><br><b>1938</b> |  | <b>Name</b>                                                                          |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |             |             |     |                                           |             |             |                                  |  | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                   |             |             |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |             |             |                                  |  |                                                                                      |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                   |             |             |     | COMMUNITY/ AREA <b>0</b>                  |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| CALL SIGN                                                                                                                                                  | DSE         | CALL SIGN   | DSE | CALL SIGN                                 | DSE         | CALL SIGN   | DSE                              |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
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|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| Total DSEs                                                                                                                                                 | <b>0.00</b> |             |     | Total DSEs                                | <b>0.00</b> |             |                                  |  |                                                                                      |
| Gross Receipts First Group                                                                                                                                 | \$          | <b>0.00</b> |     | Gross Receipts Second Group               | \$          | <b>0.00</b> |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| <b>Base Rate Fee</b> First Group                                                                                                                           | \$          | <b>0.00</b> |     | <b>Base Rate Fee</b> Second Group         | \$          | <b>0.00</b> |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                   |             |             |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |             |             |                                  |  |                                                                                      |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                   |             |             |     | COMMUNITY/ AREA <b>0</b>                  |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| CALL SIGN                                                                                                                                                  | DSE         | CALL SIGN   | DSE | CALL SIGN                                 | DSE         | CALL SIGN   | DSE                              |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
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|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| Total DSEs                                                                                                                                                 | <b>0.00</b> |             |     | Total DSEs                                | <b>0.00</b> |             |                                  |  |                                                                                      |
| Gross Receipts Third Group                                                                                                                                 | \$          | <b>0.00</b> |     | Gross Receipts Fourth Group               | \$          | <b>0.00</b> |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| <b>Base Rate Fee</b> Third Group                                                                                                                           | \$          | <b>0.00</b> |     | <b>Base Rate Fee</b> Fourth Group         | \$          | <b>0.00</b> |                                  |  |                                                                                      |
|                                                                                                                                                            |             |             |     |                                           |             |             |                                  |  |                                                                                      |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |             |     |                                           |             |             |                                  |  |                                                                                      |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|-------------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TEKSTAR COMMUNICATIONS, INC.</b>                                                                                       |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>1938</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                |     |                             | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP                   |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |                |     |                             | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |