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
10/20/2026	$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

2026/1

Licensing Section
Digitally signed by Licensing Section
Date: 2026.10.28 10:31:50 -04'00'

B Owner

Instructions:
Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
List any other name or names under which the owner conducts the business of the cable system.
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.

☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. **027046**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Time Warner Cable Midwest LLC
Time Warner Cable

02704620261
027046 2026/1

7800 Crescent Executive Drive
Charlotte, NC 28217

C System

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

1 **IDENTIFICATION OF CABLE SYSTEM:**
CHARTER COMMUNICATIONS

2 **MAILING ADDRESS OF CABLE SYSTEM:**
12405 POWERSCOURT DRIVE
(Number, street, rural route, apartment, or suite number)
ST. LOUIS, MO 63131
(City, town, state, zip code)

D Area Served

Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.

First Community

CITY OR TOWN	STATE
Amberley Village	**OH**

Sample

Below is a sample for reporting communities if you report multiple channel line-ups in Space G.

CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alda	**MD**	**A**	**1**
Alliance	**MD**	**B**	**2**
Gering	**MD**	**B**	**3**

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

D
Area Served

Instructions: 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.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).

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.

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Amberley Village	Hamilton	OH	AA	1
Aberdeen Village	Brown	OH	AA	5
Ada Village	Hardin	OH	AZ	53
Adams Township	Champaign	OH	AI	21
Adams Township	Clinton	OH	AF	18
Adams Township	Darke	OH	AI	22
Adams Township	Darke	OH	AN	29
Adams Township	Darke	OH	AS	37
Addyston Village	Hamilton	OH	AA	1
Alexandria City	Campbell	KY	BA	55
Alger Village	Hardin	OH	AZ	53
Allen Township	Darke	OH	AS	37
Anderson Township	Hamilton	OH	AA	1
Anna Village	Shelby	OH	AI	22
Ansonia Village	Darke	OH	AS	37
Arcanum Village	Darke	OH	AS	37
Arlington Heights Village	Hamilton	OH	AA	1
Auglaize Township	Allen	OH	AZ	52
Batavia Township	Clermont	OH	AA	1
Batavia Village	Clermont	OH	AA	1
Bath Township	Franklin	IN	AA	3
Bath Township, OH	Greene	OH	AP	32
Beavercreek City	Greene	OH	AP	31
Beavercreek Township	Greene	OH	AP	31
Bellbrook Village	Greene	OH	AP	31
Bellevue City	Campbell	KY	BA	55
Bethel Township	Clark	OH	AK	26
Bethel Township	Miami	OH	AP	32
Bethel Village	Clermont	OH	AA	2
Blanchard Township	Hardin	OH	AZ	54
Blanchester Village	Clinton	OH	AF	18
Bloomfield Township	Logan	OH	AI	21
Blue Ash	Hamilton	OH	AA	1
Boone County	Boone	KY	BA	55
Boston Town	Wayne	IN	AU	41
Botkins Village	Shelby	OH	AI	22
Bowersville Township	Greene	OH	AP	33
Bradford Village	Darke	OH	AI	22
Bratton Township	Adams	OH	AA	6
Bromley City	Kenton	KY	BA	55
Brookville	Franklin	IN	AC	10
Brookville City	Montgomery	OH	AS	36
Brown Township	Darke	OH	AS	37
Brown Township	Miami	OH	AI	22
Burkettsville Village	Mercer	OH	AS	37
Butler City	Pendleton	KY	BA	55
Butler Township	Darke	OH	AS	37
Butler Township	Mercer	OH	AV	43
Butler Township	Montgomery	OH	AI	23
Butler Township	Montgomery	OH	AP	32
Butler Township	Montgomery	OH	AR	35
Butlerville Village	Warren)	OH	AG	19
Caesarscreek Township	Greene	OH	AP	31
California City	Campbell	KY	BA	55
Camden Village	Preble	OH	AS	36
Campbell County	Campbell	KY	BA	55
Carlisle Village	Montgomery	OH	AP	31
Carlisle Village	Warren	OH	AB	8
Carroll	Carroll	KY	BE	59
Casstown Village	Miami	OH	AT	38
Castine Village	Darke	OH	AS	37
Catawba Village	Clark	OH	AK	26
Cedar Grove Town	Franklin	IN	AA	1
Cedarville Township	Greene	OH	AP	33
Cedarville Village	Greene	OH	AP	33
Celina City	Mercer	OH	AV	43
Centerville City	Montgomery	OH	AP	31
Chester Township	Clinton	OH	AF	18
Cheviot City	Hamilton	OH	AA	1
Chickasaw Village	Mercer	OH	AO	30
Chilo Village	Clermont	OH	AA	2
Christiansburg Village	Champaign	OH	AT	38
Cincinnati City	Hamilton	OH	AA	1
Clark Township	Brown	OH	AA	2
Clark Township	Clinton	OH	AA	3

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Clark Township	Clinton	OH	AE	13
Clay Township	Montgomery	OH	AS	37
Clay Township	Highland	OH	AA	4
Clayton City	Montgomery	OH	AP	32
Clearcreek Township	Warren	OH	AD	12
Clearcreek Township	Warren	OH	AG	19
Cleves Village	Hamilton	OH	AA	1
Clifton Village	Clark	OH	AK	26
Clinton Township	Shelby	OH	AI	22
Cold Spring City	Campbell	KY	BA	55
Coldwater Village	Mercer	OH	AV	43
Colerain Township	Hamilton	OH	AA	1
Colerain Township	Hamilton	OH	AG	19
College Corner Village	Butler	OH	AC	10
Columbia Township	Hamilton	OH	AA	1
Concord Township	Champaign	OH	AM	28
Concord Township	Fayette	OH	BC	57
Concord Township	Miami	OH	AT	38
Concord Township	Champaign	OH	AM	28
Connersville City	Fayette	IN	AU	41
Corwin Village	Warren	OH	AD	12
Covington City	Kenton	KY	BA	55
Covington Village	Miami	OH	AI	22
Crescent Springs City	Kenton	KY	BA	55
Crestview City	Kenton	KY	BA	55
Crestview Hills City	Campbell	KY	BA	55
Crittenden City	Grant	KY	BA	55
Crosby Township	Hamilton	OH	AA	1
Crosby Township	Hamilton	OH	AG	19
Cynthian Township	Shelby	OH	AO	30
Dayton City	Campbell	KY	BA	55
Dayton City	Montgomery	OH	AR	35
Deer Park City	Hamilton	OH	AA	1
Deerfield Township	Warren	OH	AA	1
Deerfield Township	Warren	OH	AG	19
Degraff Village	Logan	OH	AI	21
Delhi Township	Hamilton	OH	AA	1
Dixon Township	Preble	OH	BD	58
Dodson Township	Highland	OH	AE	14
Donnelsville Village	Clark	OH	AK	26
Dry Ridge City	Grant	KY	BA	55
Dunkirk Village	Hardin	OH	AZ	54
Eagle Township	Brown	OH	AA	4
Eaton City	Preble	OH	AS	36
Edgewood City	Kenton	KY	BA	55
Eldorado Village	Preble	OH	AS	37
Elizabeth Township	Miami	OH	AT	38
Elmwood Place Village	Hamilton	OH	AA	1
Elsmere City	Kenton	KY	BA	55
Englewood City	Montgomery	OH	AP	32
Enon Village	Clark	OH	AK	26
Erlanger City	Kenton	KY	BA	55
Evendale Village	Hamilton	OH	AA	1
Fairborn City	Greene	OH	AP	32
Fairfax Village	Hamilton	OH	AA	1
Fairfield City	Butler	OH	AH	20
Fairfield City	Hamilton	OH	AG	19
Fairfield Township	Butler	OH	AH	20
Fairfield Township	Highland	OH	AE	15
Fairview City	Kenton	KY	BA	55
Falmouth City	Pendleton	KY	BA	55
Farmersville Village	Montgomery	OH	AS	36
Fayette County	Fayette	IN	AU	41
Fayetteville Village	Brown	OH	AA	1
Felicity Village	Clermont	OH	AA	2
Fletcher Village	Miami	OH	AI	22
Florence City	Boone	KY	BA	55
Forest Park City	Hamilton	OH	AA	1
Fort Loramie Village	Shelby	OH	AO	30
Fort Mitchell City	Kenton	KY	BA	55
Fort Thomas City	Campbell	KY	BA	55
Fort Wright City	Kenton	KY	BA	55
Franklin City	Warren	OH	AB	8
Franklin County	Clermont	OH	AA	2
Franklin County	Franklin	OH	AA	1
Franklin Township	Adams	OH	AA	6
Franklin Township	Brown	OH	AA	4
Franklin Township	Clermont	OH	AA	1
Franklin Township	Mercer	OH	AO	30
Franklin Township	Mercer	OH	AV	43
Franklin Township	Mercer	OH	AX	47
Franklin Township	Shelby	OH	AI	22
Franklin Township	Warren	OH	AB	8
Franklin Township	Warren	OH	AD	12
Gallatin County	Gallatin	KY	BA	55
Gasper Township	Preble	OH	AS	36
Georgetown Village	Brown	OH	AA	2
German Township	Auglaize	OH	AO	30
German Township	Clark	OH	AL	27
German Township	Montgomery	OH	AS	36
Germantown Village	Montgomery	OH	AS	36
Gettysburg Village	Darke	OH	AS	37
Glendale Village	Hamilton	OH	AA	1

Golf Manor Village	Hamilton	OH	AA	1
Gordon Village	Darke	OH	AS	37
Goshen Township	Clermont	OH	AA	1
Goshen Township	Champaign	OH	AM	28
Grant County	Grant	KY	AB	55
Granville Township	Mercer	OH	AV	44
Granville Township	Mercer	OH	AX	49
Gratis Township	Preble	OH	AS	36
Gratis Village	Preble	OH	AS	36
Green Township	Brown	OH	AA	1
Green Township	Clark	OH	AL	27
Green Township	Clinton	OH	AA	3
Green Township	Fayette	OH	BC	57
Green Township	Hamilton	OH	AA	1
Green Township	Shelby	OH	AI	22
Greenhills Village	Hamilton	OH	AA	1
Greenville City	Darke	OH	AS	37
Greenville Township	Darke	OH	AS	37
Hamer Township	Highland	OH	AE	14
Hamersville Village	Brown	OH	AA	2
Hamilton City	Butler	OH	AH	20
Hamilton Township	Warren	OH	AA	1
Hamilton Township	Warren	OH	AG	19
Hanover Township	Butler	OH	AG	19
Hanover Township	Butler	OH	AH	20
Harlan Township	Warren	OH	AG	19
Harmony Township	Clarke	OH	AK	26
Harrison City	Hamilton	OH	AA	1
Harrison Township	Champaign	OH	AI	21
Harrison Township	Darke	OH	AS	37
Harrison Township	Hamilton	OH	AA	1
Harrison Township	Montgomery	OH	AP	32
Harrison Township	Preble	OH	AS	37
Higginsport Village	Brown	OH	AA	2
Highland Heights City	Campbell	KY	BA	55
Highland Village	Highland	OH	AE	15
Hillsboro City	Highland	OH	AE	14
Hollandsburg Village	Darke	OH	AS	37
Hopewell Township	Mercer	OH	AV	43
Huber Heights City	Montgomery	OH	AP	32
Huntington Township	Brown	OH	AA	5
Independence City	Kenton	KY	BA	55
Indian Hill Village	Hamilton	OH	AA	1
Israel Township	Preble	OH	AC	11
Ithaca Village	Darke	OH	AS	37
Jackson Center Village	Shelby	OH	AI	22
Jackson Township	Allen	OH	AZ	52
Jackson Township	Auglaize	OH	AO	30
Jackson Township	Brown	OH	AA	4
Jackson Township	Champaign	OH	AL	27
Jackson Township	Champaign	OH	AT	38
Jackson Township	Clermont	OH	AA	1
Jackson Township	Darke	OH	AU	42
Jackson Township	Montgomery	OH	AS	36
Jackson Township	Preble	OH	AS	36
Jackson Township	Highland	OH	AE	14
Jamestown Village	Greene	OH	AP	33
Jasper Township	Fayette	OH	BB	56
Jefferson Township	Clinton	OH	AA	1
Jefferson Township	Greene	OH	AP	31
Jefferson Township	Mercer	OH	AV	43
Jefferson Township	Montgomery	OH	AS	36
Jefferson Township	Preble	OH	AS	37
Johnson Township	Champaign	OH	AI	21
Kenton County	Kenton	KY	BA	55
Kenton Vale City	Kenton	KY	BA	55
Kettering City	Montgomery	OH	AP	31
Kettersville Village	Shelby	OH	AO	30
Lakeside Park City	Kenton	KY	BA	55
Lanier Township	Preble	OH	AS	36
Laura Village	Miami	OH	AI	23
Laurel Town	Franklin	IN	AA	7
Lebanon City	Warren	OH	AG	19
Lebanon City	Warren	OH	AH	20
Leesburg Village	Highland	OH	AE	15
Lemon Township	Butler	OH	AB	8
Lemon Township	Butler	OH	AG	19
Lewis Township	Brown	OH	AA	2
Lewisburg Village	Preble	OH	AS	36
Liberty Town	Union	IN	AA	10
Liberty Township	Adams	OH	AA	5
Liberty Township	Butler	OH	AA	1
Liberty Township	Butler	OH	AG	19
Liberty Township	Clinton	OH	AF	18
Liberty Township	Darke	OH	AS	37
Liberty Township	Hardin	OH	AZ	53
Liberty Township	Highland	OH	AE	14
Liberty Township	Logan	OH	AM	28
Lincoln Heights Village	Hamilton	OH	AA	1
Lockington Village	Shelby	OH	AI	22
Lockland City	Hamilton	OH	AA	1
Loramie Township	Shelby	OH	AI	22
Loramie Township	Shelby	OH	AN	29

Lostcreek Township	Miami	OH	AT	38
Loveland	Clermont	OH	AA	1
Loveland	Hamilton	OH	AA	1
Loveland	Warren	OH	AA	1
Ludlow City	Kenton	KY	BA	55
Ludlow Falls Village	Miami	OH	AI	23
Lynchburg Village	Highland	OH	AE	14
Mad River Township	Champaign	OH	AL	27
Mad River Township	Champaign	OH	AM	28
Mad River Township	Clark	OH	AK	26
Mad River Township	Clark	OH	AL	27
Madeira City	Hamilton	OH	AA	1
Madison Township	Butler	OH	AB	8
Madison Township	Clark	OH	AJ	24
Madison Township	Highland	OH	AE	16
Maineville Village	Warren	OH	AG	19
Manchester Village	Adams	OH	AA	6
Mariemont Village	Hamilton	OH	AA	1
Marion Township	Clinton	OH	AF	18
Marion Township	Hardin	OH	AZ	53
Marion Township	Mercer	OH	AO	30
Marshall Township	Highland	OH	AE	14
Martinsville Village	Clinton	OH	AA	3
Mason City	Warren	OH	AA	1
Massie Township	Warren	OH	AD	12
McGuffey Village	Hardin	OH	AZ	53
McLean Township	Shelby	OH	AO	30
Mechanicsburg Village	Champaign	OH	AM	28
Meigs Township	Adams	OH	AA	6
Melbourne City	Campbell	KY	BA	55
Mendon Village	Mercer	OH	AW	45
Miami Township	Clermont	OH	AA	1
Miami Township	Greene	OH	AL	27
Miami Township	Hamilton	OH	AA	1
Miami Township	Logan	OH	AI	21
Miami Township	Montgomery	OH	AB	9
Miami Township	Montgomery	OH	AP	31
Miamisburg City	Montgomery	OH	AP	31
Middletown City	Butler	OH	AB	8
Middletown City	Warren	OH	AB	8
Midland Village	Clinton	OH	AA	1
Milford	Clermont	OH	AA	1
Milford	Hamilton	OH	AA	1
Milford Township	Butler	OH	AS	36
Millville Village	Butler	OH	AH	20
Minster Village	Auglaize	OH	AO	30
Monroe City	Butler	OH	AB	8
Monroe Township	Clermont	OH	AA	2
Monroe Township	Darke	OH	AS	37
Monroe Township	Miami	OH	AI	23
Monroe Township	Preble	OH	AS	37
Montezuma Village	Mercer	OH	AV	43
Montgomery City	Hamilton	OH	AA	1
Moorefield Township	Clark	OH	AK	26
Moorefield Township	Clark	OH	AL	27
Moraine City	Montgomery	OH	AP	31
Morgan Township	Butler	OH	AG	19
Morrow Village	Warren	OH	AG	19
Moscow Village	Clermont	OH	AA	2
Mount Healthy City	Hamillton	OH	AA	1
Mount Orab Village	Brown	OH	AA	1
Mowrystown Village	Highland	OH	AA	4
Mt. Carmel Town	Franklin	IN	AA	1
Mutual Village	Champaign	OH	AM	28
Neave Township	Darke	OH	AS	37
Neville Village	Clermont	OH	AA	2
New Bremem Village	Auglaize	OH	AO	30
New Carlisle City	Clark	OH	AK	26
New Jasper Township	Greene	OH	AP	31
New Knoxville Village	Auglaize	OH	AO	30
New Lebanon Village	Montgomery	OH	AS	36
New Madison Village	Darke	OH	AS	37
New Market Township	Highland	OH	AE	14
New Miami Village	Butler	OH	AH	20
New Paris Village	Preble	OH	AS	37
New Richmond Village	Clermont	OH	AA	1
New Vienna Village	Clinton	OH	AA	3
New Weston Village	Darke	OH	AS	37
Newberry Township	Miami	OH	AI	22
Newport City	Campbell	KY	BA	55
Newton Township	Miami	OH	AI	23
Newtown Village	Hamilton	OH	AA	1
Noble Township	Auglaize	OH	AX	48
North Bend Village	Hamilton	OH	AA	1
North College Hill	Hamilton	OH	AA	1
North Hampton Village	Clark	OH	AL	27
North Star Village	Darke	OH	AN	29
Norwood City	Hamilton	OH	AA	1
Oakwood City	Montgomery	OH	AP	31
Ohio Township	Clermont	OH	AA	1
Oliver Township	Adams	OH	AA	6
Orange Township	Shelby	OH	AI	22
Osgood Village	Darke	OH	AN	29

Owensville Village	Clermont Co	OH	AA	1
Oxford City	Butler	OH	AC	10
Oxford Township	Butler	OH	AC	10
Paint Township	Highland	OH	AE	16
Palestine Village	Darke	OH	AS	37
Park Hills City	Pendleton	KY	BA	55
Patterson Township	Darke	OH	AN	29
Peebles Village	Adams	OH	AA	6
Pendleton County	Pendleton	KY	BA	55
Penn Township	Highland	OH	AE	17
Perry Township	Allen	OH	AX	50
Perry Township	Brown	OH	AA	1
Perry Township	Fayette	OH	AE	17
Perry Township	Montgomery	OH	AS	36
Perry Township	Shelby	OH	AI	22
Phillipsburg Village	Montgomery	OH	AS	37
Pierce Township	Clermont	OH	AA	1
Pike Township	Brown	OH	AA	1
Pike Township	Clark	OH	AL	27
Piqua City	Miami	OH	AI	22
Pitsburg Village	Darke	OH	AS	37
Pleasant Hill Village	Miami	OH	AI	23
Pleasant Plain Village	Warren	OH	AG	19
Pleasant Township	Brown	OH	AA	2
Pleasant Township	Clark	OH	AK	26
Pleasant Township	Logan	OH	AI	21
Port Jefferson Village	Shelby	OH	AI	22
Potsdam Village	Miami	OH	AI	23
Pusheta Township	Auglaize	OH	AY	51
Quincy Village	Logan	OH	AI	21
Randolph County	Randolph	IN	AU	39
Reading City	Hamilton	OH	AA	1
Reily Township	Bulter	OH	AG	19
Reily Township	Butler	OH	AC	10
Richland Township	Clinton	OH	AE	13
Richland Township	Darke	OH	AS	37
Ripley Village	Brown	OH	AA	4
Riverside City	Montgomery	OH	AR	35
Rockford Village	Mercer	OH	AW	45
Ross Township	Butler	OH	AG	19
Ross Township	Greene	OH	AP	33
Rossburg Village	Darke	OH	AS	37
Rush Township	Champaign	OH	AM	28
Russellville Village	Brown	OH	AA	4
Russia Village	Shelby	OH	AN	29
Ryland Heights City	Kenton	KY	BA	55
Sadinia Village	Brown	OH	AA	4
Sadinia Village	Highland	OH	AA	4
Saint Bernard City	Hamilton	OH	AA	1
Salem Township	Champaign	OH	AM	28
Salem Township	Shelby	OH	AI	22
Salem Township	Warren	OH	AG	19
Scott Township	Adams	OH	AA	5
Scott Township	Brown	OH	AA	2
Seaman Village	Adams	OH	AA	5
Seven Mile Village	Butler	OH	AH	20
Sharonville	Butler	OH	AA	1
Sharonville	Hamilton	OH	AA	1
Shawnee Township	Allen	OH	AX	50
Sidney City	Shelby	OH	AI	22
Silver Grove City	Campbell	KY	BA	55
Silvercreek Township	Greene	OH	AP	33
Silverton City	Hamilton	OH	AA	1
Somers Township	Preble	OH	AS	36
South Charleston Village	Clark	OH	AJ	24
South Lebanon Village	Warren	OH	AA	1
South Lebanon Village	Warren	OH	AG	19
South Solon Village	Madison	OH	AJ	25
South Vienna Village	Clark	OH	AK	26
Southgate City	Campbell	KY	BA	55
Sprigg Township	Adams	OH	AA	6
Spring Valley Township	Greene	OH	AP	31
Spring Valley Village	Greene	OH	AP	31
Springboro City	Warren	OH	AD	12
Springcreek Township	Miami	OH	AI	22
Springdale City	Hamilton	OH	AA	1
Springfield City	Clark	OH	AK	26
Springfield Township	Clark	OH	AK	26
Springfield Township	Clark	OH	AL	27
Springfield Township	Franklin	IN	AA	1
Springfield Township	Hamilton	OH	AA	1
St. Clair Township	Butler	OH	AH	20
St. Henry Village	Mercer	OH	AV	44
St. Martin Village	Brown	OH	AA	1
St. Marys City	Auglaize	OH	AX	48
St. Marys Township	Auglaize	OH	AX	48
St. Paris Village	Champaign	OH	AI	21
Staunton Township	Miami	OH	AI	22
Staunton Township	Miami	OH	AT	38
Sterling Township	Brown	OH	AA	1
Stonelick Township	Clermont	OH	AA	1
Sugarcreek Township	Greene	OH	AP	31
Sycamore Township	Hamilton	OH	AA	1

Symmes Township	Hamilton	OH	AA	1
Tate Township	Clermont	OH	AA	2
Taylor Mill City	Kenton	KY	BA	55
Terrace Park Village	Hamilton	OH	AA	1
Tiffin Township	Adams	OH	AA	6
Tipp City	Miami	OH	AI	23
Tremont City Village	Clark	OH	AL	27
Trenton City	Butler	OH	AH	20
Trotwood City	Montgomery	OH	AP	32
Trotwood City	Montgomery	OH	AS	36
Troy City	Miami	OH	AT	38
Turtle Creek Township	Warren	OH	AB	8
Turtle Creek Township	Warren	OH	AD	12
Turtle Creek Township	Warren	OH	AG	19
Turtle Creek Township	Shelby	OH	AI	22
Twin Township	Darke	OH	AS	37
Twin Township	Preble	OH	AS	36
Union City	Darke	OH	AU	42
Union City	Kenton	KY	BA	55
Union City	Montgomery	OH	AP	32
Union City	Randolph	IN	AU	39
Union County	Union	IN	AC	10
Union Township	Brown	OH	AA	4
Union Township	Clermont	OH	AA	1
Union Township	Clinton	OH	AF	18
Union Township	Highland	OH	AE	14
Union Township	Mercer	OH	AW	45
Union Township	Miami	OH	AI	23
Union Township	Warren	OH	AG	19
Urbana City	Champaign	OH	AM	28
Urbana Township	Champaign	OH	AM	28
Van Buren Township	Darke	OH	AS	37
Van Buren Township	Shelby	OH	AI	22
Van Buren Township	Shelby	OH	AO	30
Vandalia City	Montgomery	OH	AP	32
Vernon Township	Clinton	OH	AF	18
Verona Village	Preble	OH	AS	37
Versailles Village	Darke	OH	AN	29
Villa Hills City	Kenton	KY	BA	55
Wabash Township	Darke	OH	AN	29
Walton City	Boone	KY	BA	55
Wapakoneta City	Auglaize	OH	AY	51
Warsaw City	Gallatin	KY	BA	55
Washington Township	Brown	OH	AA	4
Washington Township	Clermont	OH	AA	2
Washington Township	Clinton	OH	AF	18
Washington Township	Darke	OH	AS	37
Washington Township	Darke	OH	AU	42
Washington Township	Miami	OH	AI	22
Washington Township	Montgomery	OH	AP	31
Washington Township	Preble	OH	AS	36
Washington Township	Shelby	OH	AI	22
Washington Township	Warren	OH	AA	1
Washington Township	Highland	OH	AE	14
Wayne County	Wayne	IN	AU	40
Wayne Lakes Village	Darke	OH	AS	37
Wayne Township	Adams	OH	AA	5
Wayne Township	Butler	OH	AH	20
Wayne Township	Clermont	OH	AA	1
Wayne Township	Clinton	OH	AE	13
Wayne Township	Darke	OH	AN	29
Wayne Township	Fayette	OH	BC	57
Wayne Township	Warren	OH	AD	12
Waynesville Village	Warren	OH	AD	12
West Alexandria Village	Preble	OH	AS	36
West Carrollton City	Montgomery	OH	AP	31
West Chester Township	Butler	OH	AA	1
West College Corner Village	Union	IN	AC	10
West Elkton Village	Preble	OH	AS	36
West Harrison Town	Franklin	IN	AA	1
West Liberty Village	Logan	OH	AM	28
West Manchester Village	Preble	OH	AS	37
West Milton Village	Miami	OH	AI	23
West Union Village	Adams	OH	AA	6
Whiteoak Township	Highland	OH	AA	4
Whitewater Township	Hamilton	OH	AA	1
WhitewaterTownship	Franklin	IN	AA	1
WhitewaterTownship	Wayne	IN	AU	40
Wilder City	Campbell	KY	BA	55
Williamsburg Township	Clermont	OH	AA	1
Williamsburg Village	Clermont	OH	AA	1
Willshire Village	Van Wert	OH	AW	46
Wilmington City	Clinton	OH	AF	18
Wilson Township	Clinton	OH	AF	18
Winchester Township	Adams	OH	AA	4
Winchester Village	Adams	OH	AA	4
Woodlawn City	Campbell	KY	BA	55
Woodlawn Village	Hamilton	OH	AA	1
Woodstock Village	Champaign	OH	AM	28
Wren Village	Van Wert	OH	AW	46
Wright Patterson AFB	Montgomery	OH	AQ	34
Wyoming City	Hamilton	OH	AA	1
Xenia City	Greene	OH	AP	31

Xenia Township	Greene	OH	AP	31
Yellow Springs Village	Greene	OH	AL	27
Yorkshire Village	Darke	OH	AN	29

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	**027046**

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

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:					
• Service to first set	**225184**	**9.99-36.00**			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	**4858**	**8.13-39.99**			
Equipment					
• Residential					
• Non-residential					
Broadcast Fees					

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AA

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	Yes	O	Cincinnati, OH
WCET-2	48.2	E-M	Yes	O	Cincinnati, OH
WCET-3	48.3	E-M	Yes	O	Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	Yes	O	Covington, KY
WCVN-2	54.2	E-M	Yes	O	Covington, KY
WCVN-3	54.3	E-M	Yes	O	Covington, KY
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	Yes	O	Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WPTO-2	14.2	E-M	Yes	O	Oxford, OH
WPTO-3	14.3	E-M	Yes	O	Oxford, OH
WPTO-4	14.4	E-M	Yes	O	Oxford, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# **027046**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AB

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	Yes	O	Covington, KY
WCVN-2	54.2	E-M	Yes	O	Covington, KY
WCVN-3	54.3	E-M	Yes	O	Covington, KY
WDTN	2	N	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
WPTO-4	14.4	E-M	No		Oxford, OH
WRGT	45	I	No		Dayton, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# **027046**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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CHANNEL LINE-UP AC

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	Yes	O	Cincinnati, OH
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WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WHIO	7	N	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
WPTO-4	14.4	E-M	No		Oxford, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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

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WKEF	22	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
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WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
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WRGT	45	I	No		Dayton, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
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WXIX-2	19.2	I-M	No		Newport, KY
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LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

CHANNEL LINE-UP AE

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	Yes	O	Cincinnati, OH
WCET	48	E	Yes	O	Cincinnati, OH
WCET-2	48.2	E-M	Yes	O	Cincinnati, OH
WCET-3	48.3	E-M	Yes	O	Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	Yes	O	Covington, KY
WCVN-2	54.2	E-M	Yes	O	Covington, KY
WCVN-3	54.3	E-M	Yes	O	Covington, KY
WHIO	7	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WPTO-2	14.2	E-M	Yes	O	Oxford, OH
WPTO-3	14.3	E-M	Yes	O	Oxford, OH
WPTO-4	14.4	E-M	Yes	O	Oxford, OH
WSTR	64	I	Yes	O	Cincinnati, OH
WSTR-2	64.2	I-M	Yes	O	Cincinnati, OH
WSTR-3	64.3	I-M	Yes	O	Cincinnati, OH
WSYX	6	N	Yes	O	Columbus, OH
WXIX	19	I	Yes	O	Newport, KY
WXIX-2	19.2	I-M	Yes	O	Newport, KY
WXIX-3	19.3	I-M	Yes	O	Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# **027046**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AF

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	Yes	O	Covington, KY
WCVN-2	54.2	E-M	Yes	O	Covington, KY
WCVN-3	54.3	E-M	Yes	O	Covington, KY
WHIO	7	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
WPTO-4	14.4	E-M	No		Oxford, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

CHANNEL LINE-UP AG

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	No		Covington, KY
WCVN-2	54.2	E-M	No		Covington, KY
WCVN-3	54.3	E-M	No		Covington, KY
WHIO	7	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
WPTO-4	14.4	E-M	No		Oxford, OH
WRGT	45	I	No		Dayton, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# **027046**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AH

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	No		Covington, KY
WCVN-2	54.2	E-M	No		Covington, KY
WCVN-3	54.3	E-M	No		Covington, KY
WHIO	7	N	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WKRC-3	12.3	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WPTO-2	14.2	E-M	No		Oxford, OH
WPTO-3	14.3	E-M	No		Oxford, OH
WPTO-4	14.4	E-M	No		Oxford, OH
WRGT	45	I	No		Dayton, OH
WSTR	64	I	No		Cincinnati, OH
WSTR-2	64.2	I-M	No		Cincinnati, OH
WSTR-3	64.3	I-M	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

CHANNEL LINE-UP AI

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	Yes	O	Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WLIO	8	N	No		Lima, OH
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AJ

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	No		Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WSYX	6	N	No		Columbus, OH
WTTE	28	I	No		Columbus, OH
WXIX	19	I	Yes	O	Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AK

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	No		Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WSYX	6	N	No		Columbus, OH
WXIX	19	I	Yes	O	Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AL

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	No		Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AM

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	No		Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WSYX	6	N	No		Columbus, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

CHANNEL LINE-UP AN

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	Yes	O	Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

CHANNEL LINE-UP AO

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WBNS	10	N	Yes	O	Columbus, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WLIO	8	N	No		Lima, OH
WLIO-2	8.2	I-M	No		Lima, OH
WLMA	44	I	No		Lima, OH
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AP

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WCET	48	E	Yes	O	Cincinnati, OH
WCET-2	48.2	E-M	Yes	O	Cincinnati, OH
WCET-3	48.3	E-M	Yes	O	Cincinnati, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WKRC	12	N	No		Cincinnati, OH
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WXIX	19	I	Yes	O	Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AQ

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AR

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WXIX	19	I	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AS

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

CHANNEL LINE-UP AT

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WLIO	8	N	No		Lima, OH
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

CHANNEL LINE-UP AU

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WIPB	49	E	No		Muncie, IN
WISH	8	I	Yes	O	Indianapolis, IN
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WNDY	23	I	Yes	O	Marion, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	Yes	O	Oxford, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRTV	6	N	Yes	O	Indianapolis, IN
WTHR	13	N	Yes	O	Indianpolis, IN
WTTV	4	N	Yes	O	Bloomgington, IN
WTTV-2	4.2	I-M	Yes	O	Bloomgington, IN
WTTV-3	4.3	I-M	Yes	O	Bloomgington, IN
WXIN-3	59.3	I-M	Yes	O	Indianapolis, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AV

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WPTD	16	E	Yes	O	Dayton, OH
WPTD-2	16.2	E-M	Yes	O	Dayton, OH
WPTD-3	16.3	E-M	Yes	O	Dayton, OH
WPTD-4	16.4	E-M	Yes	O	Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AW

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE	15	N	No		Fort Wayne, IN
WBDT	26	I	Yes	O	Springfield, OH
WBDT-2	26.2	I-M	Yes	O	Springfield, OH
WBGU	27	E	No		Bowling Green, OH
WBGU-2	27.2	E-M	No		Bowling Green, OH
WBGU-3	27.3	E-M	No		Bowling Green, OH
WFFT	55	I	No		Fort Wayne, IN
WHIO	7	N	Yes	O	Dayton, OH
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WPTA	21	N	No		Fort Wayne, IN
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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

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CHANNEL LINE-UP AX

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	Yes	O	Springfield, OH
WBDT-2	26.2	I-M	Yes	O	Springfield, OH
WBGU	27	E	Yes	O	Bowling Green, OH
WBGU-2	27.2	E-M	Yes	O	Bowling Green, OH
WBGU-3	27.3	E-M	Yes	O	Bowling Green, OH
WBNS	10	N	Yes	O	Columbus, OH
WDTN	2	N	Yes	O	Dayton, OH
WDTN-2	2.2	I-M	Yes	O	Dayton, OH
WHIO	7	N	No		Dayton, OH
WKEF	22	N	Yes	O	Dayton, OH
WKEF-2	22.2	I-M	Yes	O	Dayton, OH
WKEF-3	22.3	I-M	Yes	O	Dayton, OH
WLIO	8	N	No		Lima, OH
WLIO-2	8.2	I-M	No		Lima, OH
WLMA	44	I	No		Lima, OH
WOHL-CD	35	N	No		Lima, OH
WOHL-CD-2	35.2	N	No		Lima, OH
WRGT	45	I	Yes	O	Dayton, OH
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID#
027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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CHANNEL LINE-UP AY

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	No		Bowling Green, OH
WBGU-2	27.2	E-M	No		Bowling Green, OH
WBGU-3	27.3	E-M	No		Bowling Green, OH
WBNS	10	N	Yes	O	Columbus, OH
WHIO	7	N	No		Dayton, OH
WKEF	22	N	Yes	O	Dayton, OH
WKEF-2	22.2	I-M	Yes	O	Dayton, OH
WKEF-3	22.3	I-M	Yes	O	Dayton, OH
WLIO	8	N	No		Lima, OH
WLIO-2	8.2	I-M	No		Lima, OH
WLMA	44	I	No		Lima, OH
WOHL-CD	35	N	No		Lima, OH
WOHL-CD-2	35.2	N	No		Lima, OH
WRGT	45	I	No		Dayton, OH
WTLW-LP	44	I	No		Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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CHANNEL LINE-UP AZ

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBNS	10	N	Yes	O	Columbus, OH
WBNS-2	10.2	I-M	Yes	O	Columbus, OH
WBNS-3	10.3	I-M	Yes	O	Columbus, OH
WCMH	4	N	Yes	O	Columbus, OH
WCMH-2	4.2	I-M	Yes	O	Columbus, OH
WCMH-4	4.4	I-M	Yes	O	Columbus, OH
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WOSU	34	E	Yes	O	Columbus, OH
WOSU-2	34.2	E-M	Yes	O	Columbus, OH
WOSU-3	34.3	E-M	Yes	O	Columbus, OH
WOSU-4	34.4	E-M	Yes	O	Columbus, OH
WSFJ	51	I	Yes	O	London, OH
WSYX	6	N	Yes	O	Columbus, OH
WSYX-2	6.2	I-M	Yes	O	Columbus, OH
WSYX-3	6.3	I-M	Yes	O	Columbus, OH
WTLW-LP	44	I	No		Lima, OH
WTTE	28	I	Yes	O	Columbus, OH
WWHO	53	I	Yes	O	Chillicothe, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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CHANNEL LINE-UP BA

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBQC-LD	25	I	No		Cincinnati, OH
WCET	48	E	No		Cincinnati, OH
WCET-2	48.2	E-M	No		Cincinnati, OH
WCET-3	48.3	E-M	No		Cincinnati, OH
WCPO	9	N	No		Cincinnati, OH
WCPO-2	9.2	I-M	No		Cincinnati, OH
WCPO-3	9.3	I-M	No		Cincinnati, OH
WCVN	54	E	No		Covington, KY
WCVN-2	54.2	E-M	No		Covington, KY
WCVN-3	54.3	E-M	No		Covington, KY
WCVN-4	54.4	E-M	No		Covington, KY
WKRC	12	N	No		Cincinnati, OH
WKRC-2	12.2	I-M	No		Cincinnati, OH
WLWT	5	N	No		Cincinnati, OH
WLWT-2	5.2	I-M	No		Cincinnati, OH
WPTO	14	E	No		Oxford, OH
WSTR	64	I	No		Cincinnati, OH
WXIX	19	I	No		Newport, KY
WXIX-2	19.2	I-M	No		Newport, KY
WXIX-3	19.3	I-M	No		Newport, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP BB

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBNS	10	N	No		Columbus, OH
WBNS-2	10.2	I-M	No		Columbus, OH
WBNS-3	10.3	I-M	No		Columbus, OH
WCMH	4	N	No		Columbus, OH
WCMH-2	4.2	I-M	No		Columbus, OH
WCMH-4	4.4	I-M	No		Columbus, OH
WOSU	34	E	No		Columbus, OH
WOSU-2	34.2	E-M	No		Columbus, OH
WOSU-3	34.3	E-M	No		Columbus, OH
WOSU-4	34.4	E-M	No		Columbus, OH
WSFJ	51	I	No		London, OH
WSYX	6	N	No		Columbus, OH
WSYX-2	6.2	I-M	No		Columbus, OH
WSYX-3	6.3	I-M	No		Columbus, OH
WTCL-LD-3	20.3	I-M	Yes	O	Cleveland, OH
WTTE	28	I	No		Columbus, OH
WTTE-2	28.2	I-M	No		Columbus, OH
WWHO	53	I	No		Chillicothe, OH
WWHO-2	53.2	I	No		Chillicothe, OH
WWHO-3	53.3	I	No		Chillicothe, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP BC

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBNS	10	N	No		Columbus, OH
WBNS-2	10.2	I-M	No		Columbus, OH
WBNS-3	10.3	I-M	No		Columbus, OH
WCMH	4	N	No		Columbus, OH
WCMH-2	4.2	I-M	No		Columbus, OH
WCMH-4	4.4	I-M	No		Columbus, OH
WHIO	7	N	No		Dayton, OH
WOSU	34	E	No		Columbus, OH
WOSU-2	34.2	E-M	No		Columbus, OH
WOSU-3	34.3	E-M	No		Columbus, OH
WOSU-4	34.4	E-M	No		Columbus, OH
WSYX	6	N	No		Columbus, OH
WSYX-2	6.2	I-M	No		Columbus, OH
WSYX-3	6.3	I-M	No		Columbus, OH
WTCL-LD-3	20.3	I-M	Yes	O	Cleveland, OH
WTTE	28	I	No		Columbus, OH
WTTE-2	28.2	I-M	No		Columbus, OH
WWHO	53	I	No		Chillicothe, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP BD

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBDT	26	I	No		Springfield, OH
WBDT-2	26.2	I-M	No		Springfield, OH
WDTN	2	N	No		Dayton, OH
WDTN-2	2.2	I-M	No		Dayton, OH
WHIO	7	N	No		Dayton, OH
WHIO-2	7.2	I-M	No		Dayton, OH
WHIO-3	7.3	I-M	No		Dayton, OH
WKEF	22	N	No		Dayton, OH
WKEF-2	22.2	I-M	No		Dayton, OH
WKEF-3	22.3	I-M	No		Dayton, OH
WKOI	43	I	No		Richmond, IN
WPTD	16	E	No		Dayton, OH
WPTD-2	16.2	E-M	No		Dayton, OH
WPTD-3	16.3	E-M	No		Dayton, OH
WPTD-4	16.4	E-M	No		Dayton, OH
WPTD-5	16.5	E-M	No		Dayton, OH
WPTO	14	E	No		Oxford, OH
WRCX-LP	40	I	No		Dayton, OH
WRGT	45	I	No		Dayton, OH
WRGT-2	45.2	I-M	No		Dayton, OH
WRGT-3	45.3	I-M	No		Dayton, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

CHANNEL LINE-UP BE

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WAVE	36	N	No		Louisville, KY
WAVE-2	36.2	I-M	No		Louisville, KY
WAVE-3	36.3	I-M	No		Louisville, KY
WBKI	16	I	No		Salem, IN
WBKI-2	16.2	I-M	No		Salem, IN
WBKI-3	16.3	I-M	No		Salem, IN
WBKI-4	16.4	I-M	No		Salem, IN
WBNA	8	I	No		Louisville, KY
WBNA-2	8.2	I-M	No		Louisville, KY
WBNA-3	8.3	I-M	No		Louisville, KY
WBNA-4	8.4	I-M	No		Louisville, KY
WDRB	32	N	No		Louisville, KY
WDRB-2	32.2	I-M	No		Louisville, KY
WHAS	11	N	No		Louisville, KY
WHAS-2	11.2	I-M	No		Louisville, KY
WHAS-3	11.3	I-M	No		Louisville, KY
WKMJ-2	34.2	E-M	No		Louisville, KY
WKMJ-3	34.3	E-M	No		Louisville, KY
WKPC	30	E	No		Louisville, KY
WKPC-2	30.2	E-M	No		Louisville, KY
WKPC-4	30.4	E-M	No		Louisville, KY
WLKY	14	N	No		Louisville, KY
WLKY-2	14.2	I-M	No		Louisville, KY
WMYO-CD	18	I	Yes	O	Louisville, KY

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	**027046**

H

Primary Transmitters: Radio

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

I

Substitute Carriage: Special Statement and Program Log

In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ☐ **Yes** ☒ **No**

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM	TO	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	**027046**

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."

• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE

CALL SIGN	WHEN CARRIAGE OCCURRED			CALL SIGN	WHEN CARRIAGE OCCURRED		
	DATE	HOURS FROM	TO		DATE	HOURS FROM	TO
			–				–
			–				–
			–				–

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

GROSS RECEIPTS

Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.

Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . **$ 59,447,337.67** (Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

K
Gross Receipts

COPYRIGHT ROYALTY FEE

Instructions: Use the blocks in this space L to determine the royalty fee you owe:

- Complete block 1, showing your minimum fee.
- Complete block 2, showing whether your system carried any distant television stations.
- If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.
- If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.

▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.

▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.

L
Copyright Royalty Fee

Block 1

MINIMUM FEE: All cable systems with semiannual gross receipts of $527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.

Line 1. Enter the amount of gross receipts from space K. **$ 59,447,337.67**

Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. **$ 632,519.67**

Block 2

DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.

• Did your cable system carry any distant television stations during the accounting period?

[X] Yes—Complete the DSE schedule. [ ] No—Leave block 3 below blank and complete line 1, block 4.

Block 3

Line 1. **BASE RATE FEE:** Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. **$ 142,197.23**

Line 2. **3.75 Fee:** Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. **46,099.03**

Line 3. Add lines 1 and 2 and enter here. **$ 188,296.26**

Block 4

Line 1. **BASE RATE FEE/3.75 FEE or MINIMUM FEE:** Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. **$ 632,519.67**

Line 2. **INTEREST CHARGE:** Enter the amount from line 4, space Q, page 9 (Interest Worksheet) **0.00**

Line 3. **FILING FEE.** . . . . . **$ 725.00**

TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.

Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . **$ 633,244.67**

EFT Trace # or TRANSACTION ID #

Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC	SYSTEM ID# 027046

M

Channels

CHANNELS

Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.

1. Enter the total number of channels on which the cable system carried television broadcast stations **111**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services **603**

N

Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)

Name **JACOB C. SCHLECHTE** Telephone **314-543-2294**

Address **12405 POWERSCOURT DR**
(Number, street, rural route, apartment, or suite number)

ST. LOUIS MO 63131
(City, town, state, zip)

Email Fax (optional)

O

Certification

CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)

• **I**, the undersigned, hereby certify that (Check one, *but only one* , of the boxes.)

☐ **(Owner other than corporation or partnership)** I am the owner of the cable system as identified in line 1 of space B; or

☒ **(Agent of owner other than corporation or partnership)** I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or

☐ **(Officer or partner)** I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.

• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]

X **/s/ Pamela K. Heflin**

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.

Typed or printed name: **PAMELA K. HEFLIN**

Title: **SR MANAGER, ACCOUNTING**
(Title of official position held in corporation or partnership)

Date: August 21, 2026

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

P

Special Statement Concerning Gross Receipts Exclusion

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

> "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.

During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

[X] NO

[ ] YES. Enter the total here and list the satellite carrier(s) below. . . . . $

Name	Name
Mailing Address	Mailing Address

INTEREST ASSESSMENTS

Q

Interest Assessment

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.

Line 1 Enter the amount of late payment or underpayment . . . . .

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -

x 0.00274

Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . $ -

(interest charge)

* To view the interest rate chart click on *www.copyright.gov/licensing/interest-rate.pdf.* For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.

Owner

Address

First community served

Accounting period

ID number

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

1

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

SUM OF DSEs OF CATEGORY "O" STATIONS:
• Add the DSEs of each station.
Enter the sum here and in line 1 of part 5 of this schedule. **36.75**

2

Computation of DSEs for Category "O" Stations

Instructions:
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).
In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

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

CATEGORY "O" STATIONS: DSEs

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WBDT	1.000	WRGT	1.000		
WBDT-2	1.000	WRTV	0.250		
WBGU	0.250	WSFJ	1.000		
WBGU-2	0.250	WSTR	1.000		
WBGU-3	0.250	WSTR-2	1.000		
WBNS	0.250	WSTR-3	1.000		
WBNS-2	1.000	WSYX	0.250		
WBNS-3	1.000	WSYX-2	1.000		
WBQC-LD	1.000	WSYX-3	1.000		
WCET	0.250	WTCL-LD-3	1.000		
WCET-2	0.250	WTHR	0.250		
WCET-3	0.250	WTTE	1.000		
WCMH	0.250	WTTV	0.250		
WCMH-2	1.000	WTTV-2	1.000		
WCMH-4	1.000	WTTV-3	1.000		
WCVN	0.250	WWHO	1.000		
WCVN-2	0.250	WXIN-3	1.000		
WCVN-3	0.250	WXIX	1.000		
WDTN	0.250	WXIX-2	1.000		
WDTN-2	1.000	WXIX-3	1.000		
WHIO	0.250				
WISH	1.000				
WKEF	0.250				
WKEF-2	1.000				
WKEF-3	1.000				
WLIO	0.250				
WMYO-CD	1.000				
WNDY	1.000				
WOSU	0.250				
WOSU-2	0.250				
WOSU-3	0.250				
WOSU-4	0.250				
WPTD	0.250				
WPTD-2	0.250				
WPTD-3	0.250				
WPTD-4	0.250				
WPTO	0.250				
WPTO-2	0.250				
WPTO-3	0.250				
WPTO-4	0.250				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	027046

3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity

Instructions: CAPACITY

Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.

CATEGORY LAC STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM		3. NUMBER OF HOURS STATION ON AIR		4. BASIS OF CARRIAGE VALUE		5. TYPE VALUE		6. DSE
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	

SUM OF DSEs OF CATEGORY LAC STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 2 of part 5 of this schedule, ... ▶ **0.00**

4 Computation of DSEs for Substitute-Basis Stations

Instructions:

Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
- Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
- Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

Column 3: Enter the number of days in the calendar year: 365, except in a leap year.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF PROGRAMS		3. NUMBER OF DAYS IN YEAR		4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS		3. NUMBER OF DAYS IN YEAR		4. DSE
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 3 of part 5 of this schedule, ... ▶ **0.00**

5 Total Number of DSEs

TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2 ●	▶	**36.75**
2. Number of DSEs from part 3 ●	▶	**0.00**
3. Number of DSEs from part 4 ●	▶	**0.00**

TOTAL NUMBER OF DSEs ▶ **36.75**

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

Instructions: Block A must be completed.
In block A:
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
• If your answer if "No," complete blocks B and C below.

6

Computation of 3.75 Fee

BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?

☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.

☒ No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: CALL SIGN — List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

Column 2: BASIS OF PERMITTED CARRIAGE — Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)

A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)
C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
E Carried pursuant to individual waiver of FCC rules (76.7)
*F A station previously carried on a part-time or substitute basis prior to June 25, 1981

M Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
*(**Note:** For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WBDT	A	1.00	WBNS-2	M	1.00	WCMH-2	M	1.00
WBDT-2	M	1.00	WBNS-3	M	1.00	WCMH-4	M	1.00
WBGU	C	0.25	WBQC-LD	A	1.00	WCVN	C	0.25
WBGU-2	M	0.25	WCET	C	0.25	WCVN-2	M	0.25
WBGU-3	M	0.25	WCET-2	M	0.25	WCVN-3	M	0.25
WBNS	A	0.25	WCET-3	M	0.25	WDTN-2	M	1.00

29.00

BLOCK C: COMPUTATION OF 3.75 FEE

Line 1: Enter the total number of DSEs from part 5 of this schedule

Line 2: Enter the sum of permitted DSEs from block B above

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.
(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) **0.00**

Line 4: Enter gross receipts from space K (page 7)

x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here

x

Line 6: Enter total number of DSEs from line 3

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) **0.00**

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# 027046

Name

BLOCK A: TELEVISION MARKETS (CONTINUED)

6

Computation of 3.75 Fee

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WKEF	A	0.25						
WKEF-2	M	1.00						
WKEF-3	M	1.00						
WMYO-CD	A	1.00						
WOSU	C	0.25						
WOSU-2	M	0.25						
WOSU-3	M	0.25						
WOSU-4	M	0.25						
WPTD	C	0.25						
WPTD-2	M	0.25						
WPTD-3	M	0.25						
WPTD-4	M	0.25						
WPTO	C	0.25						
WPTO-2	M	0.25						
WPTO-3	M	0.25						
WPTO-4	M	0.25						
WSTR	A	1.00						
WSTR-2	M	1.00						
WSTR-3	M	1.00						
WSYX	A	0.25						
WSYX-2	M	1.00						
WSYX-3	M	1.00						
WTCL-LD-3	A	1.00						
WTTV-2	M	1.00						
WTTV-3	M	1.00						
WXIN-3	M	1.00						
WXIX	A	1.00						
WXIX-2	M	1.00						
WXIX-3	M	1.00						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	**027046**

Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage

Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)
Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.
Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.
Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).
Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:
(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).
B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).
S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.
Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.
Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.

IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Section.

PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS

1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Time Warner Cable Midwest LLC	027046

7

Computation of Base Rate Fee

Instructions:
You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.
• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.
• 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.
What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.

BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

[X] Yes—Complete part 8 of this schedule. [ ] No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1

Enter the amount of gross receipts from space K (page 7). . . . . ▶ $

Section 2

Enter the total number of permitted DSEs from block B, part 6 of this schedule.
(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶

Section 3

If the figure in section 2 is **4.000 or less,** compute your base rate fee here and leave section 4 blank.
NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.

A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ $

B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶

C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ -

D. Multiply line B by line C and enter here. . . . . ▶ $

E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)

Base Rate Fee. . . . . . ▶ .$. **0.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

Section 4

If the figure in section 2 is **more than 4.000**, compute your base rate fee here and leave section 3 blank.

7

Computation of Base Rate Fee

A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ $

B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ $

C. Multiply line B by 3.000 and enter here ▶ $

D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ $

E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶

F. Multiply line D by line E and enter here ▶ $

G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)
Base Rate Fee ▶ $ 0.00

8

Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.

Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, 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.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

• Identify the communities/areas represented by each subscriber group.

• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.

• If:

1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,

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.

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 1**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **18,553,194.80**

Base Rate Fee First Group $ **0.00**

SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 2**

CALL SIGN	DSE	CALL SIGN	DSE
WPTD	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **678,585.14**

Base Rate Fee Second Group $ **1,805.04**

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 3**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		

Total DSEs **0.75**

Gross Receipts Third Group $ **73,517.80**

Base Rate Fee Third Group $ **586.67**

FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 4**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		
WPTD	**0.25**		

Total DSEs **1.00**

Gross Receipts Fourth Group $ **305,442.65**

Base Rate Fee Fourth Group $ **3,249.91**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $ **142,197.23**

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 5**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	0.25		
WCVN-2	0.25		
WCVN-3	0.25		
WPTD	0.25		
WPTO	0.25		
WPTO-2	0.25		
WPTO-3	0.25		
WPTO-4	0.25		

Total DSEs **2.00**

Gross Receipts First Group $ **136,193.04**

Base Rate Fee First Group $ **2,403.81**

SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 6**

CALL SIGN	DSE	CALL SIGN	DSE
WCET	0.25		
WCET-2	0.25		
WCET-3	0.25		
WCVN	0.25		
WCVN-2	0.25		
WCVN-3	0.25		
WPTD	0.25		
WPTO	0.25		
WPTO-2	0.25		
WPTO-3	0.25		
WPTO-4	0.25		

Total DSEs **2.75**

Gross Receipts Second Group $ **298,566.88**

Base Rate Fee Second Group $ **6,839.42**

SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 7**

CALL SIGN	DSE	CALL SIGN	DSE
WCET	0.25		
WCET-2	0.25		
WCET-3	0.25		
WCVN	0.25		
WCVN-2	0.25		
WCVN-3	0.25		

Total DSEs **1.50**

Gross Receipts Third Group $ **1,586.72**

Base Rate Fee Third Group $ **22.44**

EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 8**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **2,402,815.51**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8
Computation of Base Rate Fee for Partially Distant Stations

NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 9**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		

Total DSEs **0.75**

Gross Receipts First Group $ **3,173.43**

Base Rate Fee First Group $ **25.32**

TENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 10**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **371,026.87**

Base Rate Fee Second Group $ **0.00**

ELEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 11**

CALL SIGN	DSE	CALL SIGN	DSE
WBQC-LD	**1.00**		

Total DSEs **1.00**

Gross Receipts Third Group $ **13,222.63**

Base Rate Fee Third Group $ **140.69**

TWELVTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 12**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **907,072.11**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8
Computation of Base Rate Fee for Partially Distant Stations

THIRTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 13**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		

Total DSEs **0.75**

Gross Receipts First Group $ **22,214.01**

Base Rate Fee First Group $ **177.27**

FOURTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 14**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		

Total DSEs **0.75**

Gross Receipts Second Group $ **476,014.52**

Base Rate Fee Second Group $ **3,798.60**

FIFTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 15**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		
WPTO	**0.25**		
WPTO-2	**0.25**		
WPTO-3	**0.25**		
WPTO-4	**0.25**		

Total DSEs **1.75**

Gross Receipts Third Group $ **61,352.98**

Base Rate Fee Third Group $ **975.36**

SIXTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 16**

CALL SIGN	DSE	CALL SIGN	DSE
WCET	**0.25**		
WCET-2	**0.25**		
WCET-3	**0.25**		
WCVN	**0.25**		
WCVN-2	**0.25**		
WCVN-3	**0.25**		
WPTO	**0.25**		
WPTO-2	**0.25**		
WPTO-3	**0.25**		
WPTO-4	**0.25**		

Total DSEs **2.50**

Gross Receipts Fourth Group $ **18,776.13**

Base Rate Fee Fourth Group $ **397.21**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

SEVENTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 17**

CALL SIGN	DSE	CALL SIGN	DSE
WBQC-LD	1.00	WXIX-2	1.00
WCET	0.25	WXIX-3	1.00
WCET-2	0.25		
WCET-3	0.25		
WCVN	0.25		
WCVN-2	0.25		
WCVN-3	0.25		
WPTO	0.25		
WPTO-2	0.25		
WPTO-3	0.25		
WPTO-4	0.25		
WSTR	1.00		
WSTR-2	1.00		
WSTR-3	1.00		

Total DSEs **8.50**

Gross Receipts First Group $ **30,676.49**

Base Rate Fee First Group $ **1,427.07**

EIGHTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 18**

CALL SIGN	DSE	CALL SIGN	DSE
WCVN	0.25		
WCVN-2	0.25		
WCVN-3	0.25		

Total DSEs **0.75**

Gross Receipts Second Group $ **634,421.57**

Base Rate Fee Second Group $ **5,062.68**

NINTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 19**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **1,749,882.26**

Base Rate Fee Third Group $ **0.00**

TWENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 20**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **3,091,185.40**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8
Computation of Base Rate Fee for Partially Distant Stations

TWENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 21**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **161,051.58**

Base Rate Fee First Group $ **428.40**

TWENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 22**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **1,574,814.70**

Base Rate Fee Second Group $ **4,189.01**

TWENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 23**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Third Group $ **741,789.29**

Base Rate Fee Third Group $ **1,973.16**

TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 24**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		
WXIX	**1.00**		

Total DSEs **1.25**

Gross Receipts Fourth Group $ **49,981.52**

Base Rate Fee Fourth Group $ **619.40**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

TWENTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 25**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		
WXIX	**1.00**		

Total DSEs **1.25**

Gross Receipts First Group $ **10,578.10**

Base Rate Fee First Group $ **131.09**

TWENTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 26**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		
WXIX	**1.00**		

Total DSEs **1.25**

Gross Receipts Second Group $ **2,904,746.38**

Base Rate Fee Second Group $ **35,997.07**

TWENTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 27**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Third Group $ **490,030.50**

Base Rate Fee Third Group $ **1,303.48**

TWENTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 28**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Fourth Group $ **588,671.29**

Base Rate Fee Fourth Group $ **1,565.87**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

TWENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 29**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **124,292.68**

Base Rate Fee First Group $ **0.00**

THIRTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 30**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **189,612.45**

Base Rate Fee Second Group $ **0.00**

THIRTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 31**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **6,361,140.69**

Base Rate Fee Third Group $ **0.00**

THIRTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 32**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		
WXIX	**1.00**		

Total DSEs **1.25**

Gross Receipts Fourth Group $ **3,934,260.00**

Base Rate Fee Fourth Group $ **48,755.32**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

THIRTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 33**

CALL SIGN	DSE	CALL SIGN	DSE
WCET	**0.25**		
WCET-2	**0.25**		
WCET-3	**0.25**		
WPTO	**0.25**		
WXIX	**1.00**		

Total DSEs **2.00**

Gross Receipts First Group $ **123,763.77**

Base Rate Fee First Group $ **2,184.43**

THIRTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 34**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **24,594.08**

Base Rate Fee Second Group $ **0.00**

THIRTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 35**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **2,513,356.66**

Base Rate Fee Third Group $ **0.00**

THIRTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 36**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **1,325,964.89**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

THIRTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 37**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **1,019,199.98**

Base Rate Fee First Group $ **2,711.07**

THIRTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 38**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **857,090.59**

Base Rate Fee Second Group $ **2,279.86**

THIRTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 39**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Third Group $ **103,400.93**

Base Rate Fee Third Group $ **275.05**

FORTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 40**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts Fourth Group $ **97,054.07**

Base Rate Fee Fourth Group $ **258.16**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:
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8
Computation of Base Rate Fee for Partially Distant Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 41**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **40,990.14**

Base Rate Fee First Group $ **109.03**

FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 42**

CALL SIGN	DSE	CALL SIGN	DSE
WPTO	**0.25**		
WTTV-2	**1.00**		
WTTV-3	**1.00**		
WXIN-3	**1.00**		

Total DSEs **3.25**

Gross Receipts Second Group $ **53,683.86**

Base Rate Fee Second Group $ **1,417.92**

FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 43**

CALL SIGN	DSE	CALL SIGN	DSE
WPTD	**0.25**		
WPTD-2	**0.25**		
WPTD-3	**0.25**		
WPTD-4	**0.25**		

Total DSEs **1.00**

Gross Receipts Third Group $ **319,723.09**

Base Rate Fee Third Group $ **3,401.85**

FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 44**

Total DSEs **0.00**

Gross Receipts Fourth Group $ **67,435.39**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FORTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 45**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **43,899.12**

Base Rate Fee First Group $ **0.00**

FORTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 46**

CALL SIGN	DSE	CALL SIGN	DSE
WBDT	**1.00**		
WBDT-2	**1.00**		

Total DSEs **2.00**

Gross Receipts Second Group $ **16,924.96**

Base Rate Fee Second Group $ **298.73**

FORTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 47**

CALL SIGN	DSE	CALL SIGN	DSE
WBGU	**0.25**		
WBGU-2	**0.25**		
WBGU-3	**0.25**		

Total DSEs **0.75**

Gross Receipts Third Group $ **76,162.32**

Base Rate Fee Third Group $ **607.78**

FORTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 48**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **178,240.99**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FORTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 49**

CALL SIGN	DSE	CALL SIGN	DSE
WBGU	0.25		
WBGU-2	0.25		
WBGU-3	0.25		

Total DSEs **0.75**

Gross Receipts First Group $ **6,611.31**

Base Rate Fee First Group $ **52.76**

FIFTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 50**

CALL SIGN	DSE	CALL SIGN	DSE
WBDT-2	1.00		
WDTN-2	1.00		
WKEF	0.25		
WKEF-2	1.00		
WKEF-3	1.00		

Total DSEs **4.25**

Gross Receipts Second Group $ **19,569.49**

Base Rate Fee Second Group $ **635.91**

FIFTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 51**

CALL SIGN	DSE	CALL SIGN	DSE
WKEF	0.25		
WKEF-2	1.00		
WKEF-3	1.00		

Total DSEs **2.25**

Gross Receipts Third Group $ **194,901.50**

Base Rate Fee Third Group $ **3,781.58**

FIFTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 52**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	0.25		
WBNS-2	1.00		
WBNS-3	1.00		
WCMH-2	1.00		
WCMH-4	1.00		
WOSU	0.25		
WOSU-2	0.25		
WOSU-3	0.25		
WOSU-4	0.25		
WSYX	0.25		
WSYX-2	1.00		
WSYX-3	1.00		

Total DSEs **7.50**

Gross Receipts Fourth Group $ **10,842.55**

Base Rate Fee Fourth Group $ **468.62**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FIFTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 53**

CALL SIGN	DSE	CALL SIGN	DSE
WOSU	**0.25**		
WOSU-2	**0.25**		
WOSU-3	**0.25**		
WOSU-4	**0.25**		

Total DSEs **1.00**

Gross Receipts First Group $ **160,787.13**

Base Rate Fee First Group $ **1,710.78**

FIFTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 54**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **31,998.75**

Base Rate Fee Second Group $ **0.00**

FIFTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 55**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **5,188,293.81**

Base Rate Fee Third Group $ **0.00**

FIFTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 56**

CALL SIGN	DSE	CALL SIGN	DSE
WTCL-LD-3	**1.00**		

Total DSEs **1.00**

Gross Receipts Fourth Group $ **1,322.26**

Base Rate Fee Fourth Group $ **14.07**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Time Warner Cable Midwest LLC**

SYSTEM ID# 027046

Name

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

8 Computation of Base Rate Fee for Partially Distant Stations

FIFTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 57**

CALL SIGN	DSE	CALL SIGN	DSE
WTCL-LD-3	**1.00**		

Total DSEs **1.00**

Gross Receipts First Group $ **10,578.10**

Base Rate Fee First Group $ **112.55**

FIFTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 58**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **793.36**

Base Rate Fee Second Group $ **0.00**

FIFTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 59**

CALL SIGN	DSE	CALL SIGN	DSE
WMYO-CD	**1.00**		

Total DSEs **1.00**

Gross Receipts Third Group $ **264.45**

Base Rate Fee Third Group $ **2.81**

SIXTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 1**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **18,553,194.80**

Base Rate Fee First Group $ **0.00**

SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 2**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **678,585.14**

Base Rate Fee Second Group $ **0.00**

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 3**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **73,517.80**

Base Rate Fee Third Group $ **0.00**

FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 4**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **305,442.65**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $ **46,099.03**

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 5**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **136,193.04**

Base Rate Fee First Group $ **0.00**

SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 6**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **298,566.88**

Base Rate Fee Second Group $ **0.00**

SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 7**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **1,586.72**

Base Rate Fee Third Group $ **0.00**

EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 8**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **2,402,815.51**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 9**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **3,173.43**

Base Rate Fee First Group $ **0.00**

TENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 10**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **371,026.87**

Base Rate Fee Second Group $ **0.00**

ELEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 11**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **13,222.63**

Base Rate Fee Third Group $ **0.00**

TWELVTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 12**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **907,072.11**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

THIRTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 13**

CALL SIGN	DSE	CALL SIGN	DSE
WSYX	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **22,214.01**

Base Rate Fee First Group $ **208.26**

FOURTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 14**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **476,014.52**

Base Rate Fee Second Group $ **0.00**

FIFTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 15**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **61,352.98**

Base Rate Fee Third Group $ **0.00**

SIXTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 16**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **18,776.13**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

SEVENTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 17**

CALL SIGN	DSE	CALL SIGN	DSE
WXIX	**1.00**		

Total DSEs **1.00**

Gross Receipts First Group $ **30,676.49**

Base Rate Fee First Group $ **1,150.37**

EIGHTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 18**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **634,421.57**

Base Rate Fee Second Group $ **0.00**

NINTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 19**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **1,749,882.26**

Base Rate Fee Third Group $ **0.00**

TWENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 20**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **3,091,185.40**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

TWENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 21**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **161,051.58**

Base Rate Fee First Group $ **0.00**

TWENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 22**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **1,574,814.70**

Base Rate Fee Second Group $ **14,763.89**

TWENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 23**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		
WLIO	**0.25**		

Total DSEs **0.50**

Gross Receipts Third Group $ **741,789.29**

Base Rate Fee Third Group $ **13,908.55**

TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 24**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **49,981.52**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

TWENTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 25**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **10,578.10**

Base Rate Fee First Group $ **0.00**

TWENTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 26**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **2,904,746.38**

Base Rate Fee Second Group $ **0.00**

TWENTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 27**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **490,030.50**

Base Rate Fee Third Group $ **0.00**

TWENTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 28**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **588,671.29**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

TWENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 29**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **124,292.68**

Base Rate Fee First Group $ **1,165.24**

THIRTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 30**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **189,612.45**

Base Rate Fee Second Group $ **1,777.62**

THIRTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 31**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **6,361,140.69**

Base Rate Fee Third Group $ **0.00**

THIRTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 32**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **3,934,260.00**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

THIRTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 33**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **123,763.77**

Base Rate Fee First Group $ **0.00**

THIRTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 34**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **24,594.08**

Base Rate Fee Second Group $ **0.00**

THIRTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 35**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **2,513,356.66**

Base Rate Fee Third Group $ **0.00**

THIRTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 36**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **1,325,964.89**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

THIRTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 37**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **1,019,199.98**

Base Rate Fee First Group $ **0.00**

THIRTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 38**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **857,090.59**

Base Rate Fee Second Group $ **0.00**

THIRTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 39**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **103,400.93**

Base Rate Fee Third Group $ **0.00**

FORTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 40**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **97,054.07**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 41**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **40,990.14**

Base Rate Fee First Group $ **0.00**

FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 42**

CALL SIGN	DSE	CALL SIGN	DSE
WISH	**1.00**		
WNDY	**1.00**		
WRTV	**0.25**		
WTHR	**0.25**		
WTTV	**0.25**		

Total DSEs **2.75**

Gross Receipts Second Group $ **53,683.86**

Base Rate Fee Second Group $ **5,536.15**

FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 43**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **319,723.09**

Base Rate Fee Third Group $ **0.00**

FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 44**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **67,435.39**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FORTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 45**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **43,899.12**

Base Rate Fee First Group $ **0.00**

FORTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 46**

CALL SIGN	DSE	CALL SIGN	DSE
WHIO	**0.25**		

Total DSEs **0.25**

Gross Receipts Second Group $ **16,924.96**

Base Rate Fee Second Group $ **158.67**

FORTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 47**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts Third Group $ **76,162.32**

Base Rate Fee Third Group $ **714.02**

FORTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 48**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts Fourth Group $ **178,240.99**

Base Rate Fee Fourth Group $ **1,671.01**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FORTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 49**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts First Group $ **6,611.31**

Base Rate Fee First Group $ **61.98**

FIFTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 50**

CALL SIGN	DSE	CALL SIGN	DSE
WBDT	**1.00**		
WBNS	**0.25**		
WDTN	**0.25**		
WRGT	**1.00**		

Total DSEs **2.50**

Gross Receipts Second Group $ **19,569.49**

Base Rate Fee Second Group $ **1,834.64**

FIFTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 51**

CALL SIGN	DSE	CALL SIGN	DSE
WBNS	**0.25**		

Total DSEs **0.25**

Gross Receipts Third Group $ **194,901.50**

Base Rate Fee Third Group $ **1,827.20**

FIFTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 52**

CALL SIGN	DSE	CALL SIGN	DSE
WCMH	**0.25**		
WSFJ	**1.00**		
WTTE	**1.00**		
WWHO	**1.00**		

Total DSEs **3.25**

Gross Receipts Fourth Group $ **10,842.55**

Base Rate Fee Fourth Group $ **1,321.44**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIFTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 53**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **160,787.13**

Base Rate Fee First Group $ **0.00**

FIFTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 54**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **31,998.75**

Base Rate Fee Second Group $ **0.00**

FIFTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 55**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **5,188,293.81**

Base Rate Fee Third Group $ **0.00**

FIFTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 56**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **1,322.26**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Time Warner Cable Midwest LLC

SYSTEM ID# **027046**

Name

8 **Computation of 3.75 Fee for Partially Distant Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIFTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 57**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **10,578.10**

Base Rate Fee First Group $ **0.00**

FIFTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 58**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **793.36**

Base Rate Fee Second Group $ **0.00**

FIFTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **Subgroup # 59**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **264.45**

Base Rate Fee Third Group $ **0.00**

SIXTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above.
Enter here and in block 3, line 1, space L (page 7) $