

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

Return completed workbook by email to

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

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

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

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 8/6/2026                      | \$                |
|                               | ALLOCATION NUMBER |

| <b>A</b><br>Accounting Period                        | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><b>2026/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|--------------|----------------------------------------|-------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>B</b><br>Owner                                    | <p><b>Instructions:</b><br/>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. <b>62042</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>Interstate Telecommunications Coop., Inc.</b></p> <p><b>6204220261</b><br/><b>62042 2026/1</b></p> <p><b>P.O. Box 920</b><br/><b>Clear Lake, SD 57226</b></p> |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System                                   | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table><tr><td>1</td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/>(Number, street, rural route, apartment, or suite number)<br/>(City, town, state, zip code)</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |  | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b> |                   |           | 2                     | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code) |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                    | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                    | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area Served<br>First Community<br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td><b>CLEAR LAKE</b></td><td><b>SD</b></td></tr></table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table><thead><tr><th>CITY OR TOWN (SAMPLE)</th><th>STATE</th><th>CH LINE UP</th><th>SUB GRP#</th></tr></thead><tbody><tr><td><b>Alda</b></td><td><b>MD</b></td><td><b>A</b></td><td><b>1</b></td></tr><tr><td><b>Alliance</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>2</b></td></tr><tr><td><b>Gering</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>3</b></td></tr></tbody></table>                                                                                                                                                                                      |            |          |  | CITY OR TOWN | STATE                                  | <b>CLEAR LAKE</b> | <b>SD</b> | CITY OR TOWN (SAMPLE) | STATE                                                                                                                                 | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN                                         | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>CLEAR LAKE</b>                                    | <b>SD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CH LINE UP | SUB GRP# |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>                                          | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>A</b>   | <b>1</b> |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>                                      | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>B</b>   | <b>2</b> |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>                                        | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>B</b>   | <b>3</b> |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

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

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |          |                     |                    |      |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|---------------------|--------------------|------|
| Name                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SYSTEM ID#<br><b>62042</b> |          |                     |                    |      |
| <div>E</div> <div>Secondary Transmission Service: Subscribers and Rates</div> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.<br><b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.<br>Categories of service shall not be left blank. If a cable operator does not serve a specific category a "zero" or a "N/A" (not applicable) must be reported in the appropriate space. |                            |          |                     |                    |      |
|                                                                               | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |          | BLOCK 2             |                    |      |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO. OF SUBSCRIBERS         | RATE     | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|                                                                               | Residential:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |          | N/A                 | N/A                | N/A  |
|                                                                               | • Service to first set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3595                       | \$ 66.95 |                     |                    |      |
|                                                                               | • Service to additional set(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                          | \$ -     |                     |                    |      |
|                                                                               | • FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                          | \$ -     |                     |                    |      |
|                                                                               | Motel, hotel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                          | \$ -     |                     |                    |      |
|                                                                               | Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                          | \$ -     |                     |                    |      |
|                                                                               | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |          |                     |                    |      |
|                                                                               | • Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                          | \$ -     |                     |                    |      |
|                                                                               | • Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                          | \$ -     |                     |                    |      |
|                                                                               | Broadcast Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                          | \$ -     |                     |                    |      |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |          |                     |                    |      |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |          |                     |                    |      |

FORM SA3E, PAGE 4.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|----------------------------|--------------------------------------|-----------------------------------|-------------|---------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                    |                            |                                      | <b>SYSTEM ID#</b><br><b>62042</b> | <b>Name</b> |                                             |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                            |                                      |                                   |             |                                             |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                  |                    |                            |                                      |                                   | G           | <b>Primary Transmitters:<br/>Television</b> |
| <b>CHANNEL LINE-UP AA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                    |                            |                                      |                                   |             |                                             |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION            |             |                                             |
| KDLT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47               | N                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13               | N                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.5             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                | N                  | No                         |                                      | FLORENCE, SD                      |             |                                             |
| KELO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11               | N                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KELO-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.2             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KELO-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KELO-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KCPO-LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 26               | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.2             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36               | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KTW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24               | E                  | Yes                        | 0                                    | SIOUX FALLS, SD                   |             |                                             |
| KCS-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24.2             | E-M                | Yes                        | O                                    | SIOUX FALLS, SD                   |             |                                             |
| KCS-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24.3             | E-M                | Yes                        | O                                    | SIOUX FALLS, SD                   |             |                                             |
| KW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10               | E                  | Yes                        | O                                    | APPLETON, MN                      |             |                                             |
| KTW-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7.2              | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |

FORM SA3E, PAGE 4.

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                    |                            |                                      | <b>SYSTEM ID#</b><br><b>62042</b> | <b>Name</b> |                                             |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                    |                            |                                      |                                   |             |                                             |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                  |                    |                            |                                      |                                   | G           | <b>Primary Transmitters:<br/>Television</b> |
| <b>CHANNEL LINE-UP AB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                    |                            |                                      |                                   |             |                                             |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION            |             |                                             |
| KDLT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47               | N                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13               | N                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.5             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                | N                  | No                         |                                      | FLORENCE, SD                      |             |                                             |
| KELO-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.2             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KELO-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KELO-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFY-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KCPO-LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 26               | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.2             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.3             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KDLT-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47.4             | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KSFL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36               | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KTW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                | I                  | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
| KCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24               | E                  | Yes                        | 0                                    | SIOUX FALLS, SD                   |             |                                             |
| KCS-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24.2             | E-M                | Yes                        | 0                                    | SIOUX FALLS, SD                   |             |                                             |
| KCS-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24.3             | E-M                | Yes                        | 0                                    | SIOUX FALLS, SD                   |             |                                             |
| KW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10               | E                  | No                         |                                      | APPLETON, MN                      |             |                                             |
| KTW-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7.2              | I-M                | No                         |                                      | SIOUX FALLS, SD                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                    |                            |                                      |                                   |             |                                             |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

SYSTEM ID#  
62042

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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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 identified.

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

## CHANNEL LINE-UP AC

[illegible]

## G

**Primary Transmitters:**  
**Television**



[illegible]





LEGAL NAME OF OWNER OF CABLE SYSTEM:

Interstate Telecommunications Coop., Inc.

SYSTEM ID#  
62042

Name

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 reason 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 identified.

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

## CHANNEL LINE-UP AH

[illegible]

## G

**Primary Transmitters:**  
**Television**



LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

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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.

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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 identified.

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

## CHANNEL LINE-UP AJ

[illegible]

## G

**Primary Transmitters:**  
**Television**



LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

## G

**Primary Transmitters:**  
**Television**

## CHANNEL LINE-UP AL

[illegible]



LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

SYSTEM ID#  
62042

Name

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.

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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 identified.

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

## CHANNEL LINE-UP AND

[illegible]

## G

**Primary Transmitters:**  
**Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

## G

**Primary Transmitters:**  
**Television**

## CHANNEL LINE-UP AO

[illegible]

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

## G

**Primary Transmitters:**  
**Television**

## CHANNEL LINE-UP AQ

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

## CHANNEL LINE-UP AR

[illegible]

# G

**Primary Transmitters:**  
**Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

## G

**Primary Transmitters:**  
**Television**

## CHANNEL LINE-UP AS

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

**SYSTEM ID#**  
**62042**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

## G

**Primary Transmitters:**  
**Television**

## CHANNEL LINE-UP AT

[illegible]



LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

SYSTEM ID#  
62042

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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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 identified.

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

## CHANNEL LINE-UP AV

[illegible]

## G

**Primary Transmitters:**  
**Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Interstate Telecommunications Coop., Inc.**

SYSTEM ID#  
62042

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

## CHANNEL LINE-UP AW

[illegible]

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SYSTEM ID#</b><br><b>62042</b> | <b>Name</b>                                                                                                                                                            |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                      |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. <div style="float: right; border: 1px solid black; padding: 5px; text-align: right;"> <b>\$ 1,440,027.55</b><br/> <small>(Amount of gross receipts)</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.<br>► If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<br>► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                               |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;"><b>\$ 1,440,027.55</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here.<br>This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 15,321.89</b></span>                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                        |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                        |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;"><b>\$ 12,266.63</b></span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;"><b>0.00</b></span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 12,266.63</b></span>                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;"><b>\$ 15,321.89</b></span><br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <span style="float: right; background-color: yellow;"><b>0.00</b></span><br>Line 3. <b>FILING FEE</b> ..... <span style="float: right;"><b>\$ 725.00</b></span><br><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here ..... <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 16,046.89</b></span><br><br><b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span> |                                   |                                                                                                                                                                        |
| <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                               |                                   |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                          |                               | <b>SYSTEM ID#</b><br><b>62042</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.                                                                                                  |                               |                                   |
|                                                                           | 1. Enter the total number of channels on which the cable system carried television broadcast stations .....                                                                                                                                                                                                                                                       | 21                            |                                   |
|                                                                           | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .....                                                                                                                                                                                                                   | 230                           |                                   |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)                                                                                                                                                                                                                      |                               |                                   |
|                                                                           | Name <b>Alma Hoxha, Cinnamon Mueller</b>                                                                                                                                                                                                                                                                                                                          | Telephone <b>312-217-3901</b> |                                   |
|                                                                           | Address <b>1714 Deer Tracks Trail, Suite 230</b><br>(Number, street, rural route, apartment, or suite number)                                                                                                                                                                                                                                                     |                               |                                   |
|                                                                           | <b>St. Louis, MO 63131</b><br>(City, town, state, zip)                                                                                                                                                                                                                                                                                                            |                               |                                   |
|                                                                           | Email <b>ahoxha@cinnamonmueller.com</b>                                                                                                                                                                                                                                                                                                                           | Fax (optional) _____          |                                   |
| <b>O</b><br><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)                                                                                                                                                                                                                                    |                               |                                   |
|                                                                           | <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) </li> </ul>                                                                                                                                                                                                                        |                               |                                   |
|                                                                           | <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or                                                                                                                                                                                                                  |                               |                                   |
|                                                                           | <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or                                                                                                                     |                               |                                   |
|                                                                           | <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.                                                                                                                                                     |                               |                                   |
|                                                                           | <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br/>[18 U.S.C., Section 1001(1986)]</li> </ul>                             |                               |                                   |
|                                                                           |  <div style="display: inline-block; border: 1px solid black; padding: 2px 10px; margin-left: 10px;"> X     /s/ Tracy Bandemer </div>                                                                                                                                           |                               |                                   |
|                                                                           | 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: <b>Tracy Bandemer</b>                                                                                                                                                                                                                                                                                                                      |                               |                                   |
|                                                                           | Title: <b>CEO/General Manager</b><br>(Title of official position held in corporation or partnership)                                                                                                                                                                                                                                                              |                               |                                   |
|                                                                           | Date: <b>August 6, 2026</b>                                                                                                                                                                                                                                                                                                                                       |                               |                                   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>62042</b>                     | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?<br><br><input checked="checked" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name _____<br>Mailing Address _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name _____<br>Mailing Address _____<br>_____<br>_____ |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br><br>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . . _____<br><div style="text-align: right;">x _____</div><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><div style="text-align: right;">x _____ days</div><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><div style="text-align: right;">x 0.00274</div><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L (page 7) . . . . . \$ _____<br><div style="text-align: right;">(interest charge)</div><br><br><p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <div style="margin-top: 10px;">           Owner _____<br/>           Address _____<br/>           _____<br/>           First community served _____<br/>           Accounting period _____<br/>           ID number _____         </div> |                                                       | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

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

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------|------------------|-----------------------------------|---------------------------------|--------|
| <b>Name</b>                                                                                                                                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                            |                                  |                  | <b>SYSTEM ID#</b><br><b>62042</b> |                                 |        |
| <b>3</b><br><br><b>Computation<br/>of DSEs for<br/>Stations<br/>Carried Part<br/>Time Due to<br/>Lack of<br/>Activated<br/>Channel<br/>Capacity</b>      | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                               |                                            |                                  |                  |                                   |                                 |        |
|                                                                                                                                                          | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |                                  |                  |                                   |                                 |        |
|                                                                                                                                                          | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAGE<br>VALUE | 5. TYPE<br>VALUE | 6. DSE                            |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                                   |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                                   |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                                   |                                 |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                                   |                                 |        |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                                   |                                 |        |
| <b>4</b><br><br><b>Computation<br/>of DSEs for<br/>Substitute-<br/>Basis Stations</b>                                                                    | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                                                                         |                                               |                                            |                                  |                  |                                   |                                 |        |
|                                                                                                                                                          | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                            |                                  |                  |                                   |                                 |        |
|                                                                                                                                                          | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE                           | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS       | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                                 | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                                 | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                                 | =                               |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                                   |                                 |        |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                                   |                                 |        |
| <b>5</b><br><br><b>Total Number<br/>of DSEs</b>                                                                                                          | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                            |                                  |                  |                                   |                                 |        |
|                                                                                                                                                          | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  | ▶                |                                   | <b>1.00</b>                     |        |
|                                                                                                                                                          | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  | ▶                |                                   | <b>0.00</b>                     |        |
|                                                                                                                                                          | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  | ▶                |                                   | <b>0.00</b>                     |        |
| TOTAL NUMBER OF DSEs                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  | ▶                |                                   | <b>1.00</b>                     |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    |             |  |   |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        | <b>SYSTEM ID#</b><br><b>62042</b> |                    | <b>Name</b> |  |   |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• 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.<br>• If your answer if "No," complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                                   |                    |             |  | 6 |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        |                                   |                    |             |  |   |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                                   |                    |             |  |   |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                                   |                    |             |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Column 1:<br/>CALL SIGN</p> <p>Column 2:<br/>BASIS OF PERMITTED CARRIAGE</p> <p>Column 3:<br/>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.</p> </div> <div style="width: 50%;"> <p>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>M Retransmission of a distant multicast stream.</p> </div> </div> <p>*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p> |                    |        |              |                    |        |                                   |                    |             |  |   |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                      | 2. PERMITTED BASIS | 3. DSE      |  |   |
| KCS D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                  | 0.25   |              |                    |        |                                   |                    |             |  |   |
| KCS D-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M                  | 0.25   |              |                    |        |                                   |                    |             |  |   |
| KCS D-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M                  | 0.25   |              |                    |        |                                   |                    |             |  |   |
| KWCM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                  | 0.25   |              |                    |        |                                   |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    | <b>1.00</b> |  |   |
| <b>BLOCK C: COMPUTATION OF 3.75 FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 1: Enter the total number of DSEs from part 5 of this schedule .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 2: Enter the sum of permitted DSEs from block B above .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ..... <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 4: Enter gross receipts from space K (page 7) .....<br>x 0.0375                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 5: Multiply line 4 by 0.0375 and enter sum here .....<br>x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    |             |  |   |
| Line 6: Enter total number of DSEs from line 3 .....<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                                   |                    |             |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    | <b>0.00</b> |  |   |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                                   |                    |             |  |   |

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

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

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| <b>Name</b>                                                                                                                                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>SYSTEM ID#</b><br><b>62042</b> |
| <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                                                                                                                                                                             | <p><b>Instructions:</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.</li> <li>• 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.</li> </ul> <p><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p> |  |                                   |
| <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                   |
| <p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <span style="margin-left: 100px;"><input type="checkbox"/> No—Complete the following sections.</span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                   |
| <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                   |
| Section<br>1                                                                                                                                                                                                                                                                                                            | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                   |
| Section<br>2                                                                                                                                                                                                                                                                                                            | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.) . . . . . ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                   |
| Section<br>3                                                                                                                                                                                                                                                                                                            | <p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶ _____</p> <p>C. Subtract 1.000 from total DSEs<br/>(the figure in section 2) and enter here. . . . . ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here<br/>and in block 3, line 1, space L (page 7)</p> <p style="text-align: right;"><b>Base Rate Fee.</b> . . . . . ▶ <span style="border: 1px solid black; padding: 2px 10px;">\$. <b>0.00</b></span></p>                                                                                                                                |  |                                   |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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<b>SYSTEM ID#</b><br><b>62042</b> | <b>Name</b>                                                                                                                                                  |
| <b>Section</b><br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>If the figure in section 2 is <b>more than 4.000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here ..... ▶ _____</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p> |                                   | <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                  |
| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                            |      |                      |     |                             |                                                             | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                             |      |                      |     |                             |                                                             |                            |     |                                                                                           |  |
| FIRST SUBSCRIBER GROUP                                                                                                                              |      |                      |     |                             | SECOND SUBSCRIBER GROUP                                     |                            |     |                                                                                           |  |
| COMMUNITY/ AREA <b>Clark, Codrington, Day, Hamlin, B</b>                                                                                            |      |                      |     |                             | COMMUNITY/ AREA <b>Brookings, Deuel, Hamlin, Grant, Lir</b> |                            |     |                                                                                           |  |
| CALL SIGN                                                                                                                                           | DSE  | CALL SIGN            | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| KCSD                                                                                                                                                | 0.25 |                      |     | KCSD                        | 0.25                                                        |                            |     |                                                                                           |  |
| KCSD-DT2                                                                                                                                            | 0.25 |                      |     | KCSD-DT2                    | 0.25                                                        |                            |     |                                                                                           |  |
| KCSD-DT3                                                                                                                                            | 0.25 |                      |     | KCSD-DT3                    | 0.25                                                        |                            |     |                                                                                           |  |
| KWCM                                                                                                                                                | 0.25 |                      |     |                             |                                                             |                            |     |                                                                                           |  |
|                                                                                                                                                     |      |                      |     |                             |                                                             |                            |     |                                                                                           |  |
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| Total DSEs                                                                                                                                          |      | <b>1.00</b>          |     | Total DSEs                  |                                                             | <b>0.75</b>                |     |                                                                                           |  |
| Gross Receipts First Group                                                                                                                          |      | \$ <b>437,518.25</b> |     | Gross Receipts Second Group |                                                             | \$ <b>744,484.00</b>       |     |                                                                                           |  |
| Base Rate Fee First Group                                                                                                                           |      | \$ <b>4,655.19</b>   |     | Base Rate Fee Second Group  |                                                             | \$ <b>5,940.98</b>         |     |                                                                                           |  |
| THIRD SUBSCRIBER GROUP                                                                                                                              |      |                      |     |                             | FOURTH SUBSCRIBER GROUP                                     |                            |     |                                                                                           |  |
| COMMUNITY/ AREA <b>Lake County- South East</b>                                                                                                      |      |                      |     |                             | COMMUNITY/ AREA <b>Grant County- East (Milbank)</b>         |                            |     |                                                                                           |  |
| CALL SIGN                                                                                                                                           | DSE  | CALL SIGN            | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                  | DSE |                                                                                           |  |
| KWCM                                                                                                                                                | 0.25 |                      |     | KCSD                        | 0.25                                                        |                            |     |                                                                                           |  |
|                                                                                                                                                     |      |                      |     | KCSD-DT2                    | 0.25                                                        |                            |     |                                                                                           |  |
|                                                                                                                                                     |      |                      |     | KCSD-DT3                    | 0.25                                                        |                            |     |                                                                                           |  |
|                                                                                                                                                     |      |                      |     |                             |                                                             |                            |     |                                                                                           |  |
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| Total DSEs                                                                                                                                          |      | <b>0.25</b>          |     | Total DSEs                  |                                                             | <b>0.75</b>                |     |                                                                                           |  |
| Gross Receipts Third Group                                                                                                                          |      | \$ <b>73,042.45</b>  |     | Gross Receipts Fourth Group |                                                             | \$ <b>184,982.85</b>       |     |                                                                                           |  |
| Base Rate Fee Third Group                                                                                                                           |      | \$ <b>194.29</b>     |     | Base Rate Fee Fourth Group  |                                                             | \$ <b>1,476.16</b>         |     |                                                                                           |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |      |                      |     |                             |                                                             | \$ <b>12,266.63</b>        |     |                                                                                           |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                    |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                                        | SIXTH SUBSCRIBER GROUP                               |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                    |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |                                                                        | EIGHTH SUBSCRIBER GROUP                              |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                    |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                    |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                                        | TENTH SUBSCRIBER GROUP                               |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                    |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |           |     |                                                                        | TWELVTH SUBSCRIBER GROUP                             |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                    |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                                            |     |                             |                                                      | SYSTEM ID#<br><b>62042</b>                 |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     |                             | TWENTY-SECOND SUBSCRIBER GROUP                       |                                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     |                             | TWENTY-FOURTH SUBSCRIBER GROUP                       |                                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                             |                                                      |                                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | TWENTY-SIXTH SUBSCRIBER GROUP  |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | TWENTY-EIGHTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                |     |                            |     |                                                                                                    |  |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTIETH SUBSCRIBER GROUP     |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                      | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                     |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group    |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group     |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTY-SECOND SUBSCRIBER GROUP |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                      | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                     |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group    |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group     |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | THIRTY-EIGHTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | FORTIETH SUBSCRIBER GROUP      |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FORTY-SECOND SUBSCRIBER GROUP  |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FORTY-FOURTH SUBSCRIBER GROUP  |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                            |     |                                                                                                    |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FORTY-SIXTH SUBSCRIBER GROUP                         |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | FORTY-EIGHTH SUBSCRIBER GROUP                        |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                    |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                            |     |                                                                                                      |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FIFTIETH SUBSCRIBER GROUP                            |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                            |     |                                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                      |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FIFTY-SECOND SUBSCRIBER GROUP                        |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | FIFTY-EIGHTH SUBSCRIBER GROUP  |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                    |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTIETH SUBSCRIBER GROUP      |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                                              |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-SECOND SUBSCRIBER GROUP                        |                             |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                             |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                             |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                             |     |                                                                                                    |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-FOURTH SUBSCRIBER GROUP                        |                             |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                   | DSE |                                                                                                    |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                             |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                             |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                             |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTY-SIXTH SUBSCRIBER GROUP   |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                    |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | SIXTY-EIGHTH SUBSCRIBER GROUP  |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                                              |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                            |     |                                                                                                    |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SEVENTIETH SUBSCRIBER GROUP                          |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | SEVENTY-SECOND SUBSCRIBER GROUP                      |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                  | DSE |                                                                                                    |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                 | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                 |                            |     |                                                                                                      |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |                |     |                             | SEVENTY-EIGHTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b>  |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                             | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                 |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                 |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                 | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                 | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                 | \$ <b>0.00</b>             |     |                                                                                                      |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | EIGHTIETH SUBSCRIBER GROUP      |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b>  |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                             | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                             |                                 |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                 |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                 | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                 | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                 | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                 |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                                            |     |                             |                                                      | <b>SYSTEM ID#<br/>62042</b>                |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     |                             | EIGHTY-SECOND SUBSCRIBER GROUP                       |                                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                      |  |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     |                             | EIGHTY-FOURTH SUBSCRIBER GROUP                       |                                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                             |                                                      |                                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | <b>SYSTEM ID#<br/>62042</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                             |     |                                                                                           |  |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | EIGHTY-SIXTH SUBSCRIBER GROUP  |                             |     |                                                                                           |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                             |     |                                                                                           |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                             |     |                                                                                           |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                 |     |                                                                                           |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>              |     |                                                                                           |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>              |     |                                                                                           |  |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | EIGHTY-EIGHTH SUBSCRIBER GROUP |                             |     |                                                                                           |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                   | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                             |     |                                                                                           |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                             |     |                                                                                           |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                 |     |                                                                                           |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>              |     |                                                                                           |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>              |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                             |     |                                                                                           |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                             |                                |                             |     |                                                                                           |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINTIETH SUBSCRIBER GROUP                            |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINETY-SECOND SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <span style="font-size: 1.5em;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINETY-FOURTH SUBSCRIBER GROUP |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                    |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINETY-SIXTH SUBSCRIBER GROUP  |                            |     |                                                                                                                              |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                                              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                                              |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                                              |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                                              |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | NINETY-EIGHTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | ONE HUNDREDTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                             |                                     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                     |                            |     |                                                                                                      |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED SECOND SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b>      |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                 | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
|                                                                                                                                                                   |     |                |     |                             |                                     |                            |     |                                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                |     |                |     |                             | ONE HUNDRED FOURTH SUBSCRIBER GROUP |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA _____ <b>0</b>      |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                 | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                             |                                     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                             |                                     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                                            |     |                             |                                                      | SYSTEM ID#<br><b>62042</b>                 |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |                                            |     |                             | ONE HUNDRED SIXTH SUBSCRIBER GROUP                   |                                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |                                            |     |                             | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                  |                                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                                            |     |                             |                                                      |                                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                  |                                                      | <span style="float: right;">0.00</span>    |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group  |                                                      | \$ <span style="float: right;">0.00</span> |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                             |                                                      |                                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                      |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                      |     |                            |     |                                                                                                    |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |                |     | ONE HUNDRED TENTH SUBSCRIBER GROUP   |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>       |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                            | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                      |     |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                      |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                           |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group          |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group           |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |                |     | ONE HUNDRED TWELVTH SUBSCRIBER GROUP |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>       |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                            | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                      |     |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                      |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                           |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group          |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group           |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                      |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP              |                             |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                             |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                             |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                             |     |                                                                                                    |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                        | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP               |                             |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                   | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                             |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                             |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                             |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                             |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                                             |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                             |     |                            |     |                                                                                                                                                                                 |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                  |     |                            |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                            |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                            |     |                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                            |     |                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>                |     |                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                                 |     | \$ <b>0.00</b>             |     |                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                                  |     | \$ <b>0.00</b>             |     |                                                                                                                                                                                 |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                  |     |                            |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                            |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                  | DSE |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                            |     |                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                            |     |                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>                |     |                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                                 |     | \$ <b>0.00</b>             |     |                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                                  |     | \$ <b>0.00</b>             |     |                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                             |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP     |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                                                    |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP      |     |                            |     |                                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                           |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group               |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group               |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                           |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                   |     |             |             |                                           |     | SYSTEM ID#<br><b>62042</b> |             | Name<br>                                                                                  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                    |     |             |             |                                           |     |                            |             | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                   |     |             |             | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP  |     |                            |             |                                                                                           |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |     |             |             | COMMUNITY/ AREA ..... <b>0</b>            |     |                            |             |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN   | DSE         | CALL SIGN                                 | DSE | CALL SIGN                  | DSE         |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
| Total DSEs                                                                                                                                                 |     |             | <b>0.00</b> | Total DSEs                                |     |                            | <b>0.00</b> |                                                                                           |
| Gross Receipts First Group                                                                                                                                 | \$  | <b>0.00</b> |             | Gross Receipts Second Group               | \$  | <b>0.00</b>                |             |                                                                                           |
| Base Rate Fee First Group                                                                                                                                  | \$  | <b>0.00</b> |             | Base Rate Fee Second Group                | \$  | <b>0.00</b>                |             |                                                                                           |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                 |     |             |             | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP |     |                            |             |                                                                                           |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |     |             |             | COMMUNITY/ AREA ..... <b>0</b>            |     |                            |             |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN   | DSE         | CALL SIGN                                 | DSE | CALL SIGN                  | DSE         |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
|                                                                                                                                                            |     |             |             |                                           |     |                            |             |                                                                                           |
| Total DSEs                                                                                                                                                 |     |             | <b>0.00</b> | Total DSEs                                |     |                            | <b>0.00</b> |                                                                                           |
| Gross Receipts Third Group                                                                                                                                 | \$  | <b>0.00</b> |             | Gross Receipts Fourth Group               | \$  | <b>0.00</b>                |             |                                                                                           |
| Base Rate Fee Third Group                                                                                                                                  | \$  | <b>0.00</b> |             | Base Rate Fee Fourth Group                | \$  | <b>0.00</b>                |             |                                                                                           |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |             |             |                                           |     |                            |             |                                                                                           |

|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------|-------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                           |             | SYSTEM ID#<br><b>62042</b>  |     | Name<br>                                                                                                                                                                                               |             |  |             |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                           |             |                             |     | <div style="text-align: center; font-size: 2em; font-weight: bold;">8</div> <div style="text-align: center;">Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |             |  |             |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP     |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     | COMMUNITY/ AREA <b>0</b>                  |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE         | CALL SIGN                   | DSE |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>                               | Total DSEs  |                             |     |                                                                                                                                                                                                        | <b>0.00</b> |  |             |
| Gross Receipts First Group                                                                                                                                        | \$  |           |     |                                           | <b>0.00</b> | Gross Receipts Second Group | \$  |                                                                                                                                                                                                        |             |  | <b>0.00</b> |
| Base Rate Fee First Group                                                                                                                                         | \$  |           |     |                                           | <b>0.00</b> | Base Rate Fee Second Group  | \$  |                                                                                                                                                                                                        |             |  | <b>0.00</b> |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     | COMMUNITY/ AREA <b>0</b>                  |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE         | CALL SIGN                   | DSE |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
|                                                                                                                                                                   |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>                               | Total DSEs  |                             |     |                                                                                                                                                                                                        | <b>0.00</b> |  |             |
| Gross Receipts Third Group                                                                                                                                        | \$  |           |     |                                           | <b>0.00</b> | Gross Receipts Fourth Group | \$  |                                                                                                                                                                                                        |             |  | <b>0.00</b> |
| Base Rate Fee Third Group                                                                                                                                         | \$  |           |     |                                           | <b>0.00</b> | Base Rate Fee Fourth Group  | \$  |                                                                                                                                                                                                        |             |  | <b>0.00</b> |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |
| \$                                                                                                                                                                |     |           |     |                                           |             |                             |     |                                                                                                                                                                                                        |             |  |             |

|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------|-----|----------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                           |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                           |     |                            |     |                                                                                                    |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group               |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group               |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                           |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------|-----|----------------------------|-----|------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                           |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                |     | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP |     |                            |     | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations            |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group               |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP     |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group               |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                           |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                                        | SIXTH SUBSCRIBER GROUP                               |                            |     |                                                                                          |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                          |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                          |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                          |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                          |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |                                                                        | EIGHTH SUBSCRIBER GROUP                              |                            |     |                                                                                          |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                          |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                          |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                          |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                          |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                          |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                                        | TENTH SUBSCRIBER GROUP                               |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                      |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                      |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                      |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |           |     |                                                                        | TWELVTH SUBSCRIBER GROUP                             |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                      |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                      |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-SECOND SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-FOURTH SUBSCRIBER GROUP                       |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <span style="font-size: 1.5em;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

## Nonpermitted 3.75 Stations

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                  |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | TWENTY-SIXTH SUBSCRIBER GROUP  |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                            |     |                                                                                      |  |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                            |     |                                                                                      |  |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                            |     |                                                                                      |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                  | TWENTY-EIGHTH SUBSCRIBER GROUP |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                      |  |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                            |     |                                                                                      |  |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                            |     |                                                                                      |  |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                            |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                |                            |     | \$ _____                                                                             |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|----------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                                      |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                                                      |     |                            |     |                                                                                                    |  |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTIETH SUBSCRIBER GROUP                           |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations               |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                    |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>             |     |                                                                                                    |  |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                |     | THIRTY-SECOND SUBSCRIBER GROUP                       |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

[illegible]

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FORTY-SECOND SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FORTY-FOURTH SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <span style="font-size: 1.2em;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|----------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                  |                                | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                  |                                |                            |     |                                                                                                    |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | FIFTY-FOURTH SUBSCRIBER GROUP  |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA ..... <b>0</b> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations               |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                                    |  |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |                                |                            |     |                                                                                                    |  |
| Gross Receipts First Group ..... \$ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group ..... \$ <b>0.00</b> |                                |                            |     |                                                                                                    |  |
| Base Rate Fee First Group ..... \$ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group ..... \$ <b>0.00</b>  |                                |                            |     |                                                                                                    |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | FIFTY-SIXTH SUBSCRIBER GROUP   |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA ..... <b>0</b> |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                            |     |                                                                                                    |  |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |                                |                            |     |                                                                                                    |  |
| Gross Receipts Third Group ..... \$ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group ..... \$ <b>0.00</b> |                                |                            |     |                                                                                                    |  |
| Base Rate Fee Third Group ..... \$ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group ..... \$ <b>0.00</b>  |                                |                            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-SECOND SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-FOURTH SUBSCRIBER GROUP                        |                            |     |                                                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                     |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                     |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                     |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <span style="font-size: 1.2em;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|---------------------------------|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | SEVENTY-FOURTH SUBSCRIBER GROUP |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                            |     |                                                                                      |  |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                 |                            |     |                                                                                      |  |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                 |                            |     |                                                                                      |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | SEVENTY-SIXTH SUBSCRIBER GROUP  |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                            |     |                                                                                      |  |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                            |     |                                                                                      |  |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                 |                            |     |                                                                                      |  |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                 |                            |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                 |                            |     | \$ _____                                                                             |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

[illegible]

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-----|------------------------------------------------------|-----|--------------------------------------------|-----|--------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                                            |     |                                                      |     | SYSTEM ID#<br><b>62042</b>                 |     | Name                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     | NINTIETH SUBSCRIBER GROUP                            |     |                                            |     |                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations       |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
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|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                                            |     | NINETY-SECOND SUBSCRIBER GROUP                       |     |                                            |     |                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
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|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                                                      |     |                                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> |  |

### Nonpermitted 3.75 Stations

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|--------------------------------|-----|----------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                               |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                                |     |                            |     |                                                                                                    |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     | NINETY-EIGHTH SUBSCRIBER GROUP |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                      | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations               |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                     |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group    |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group     |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     | ONE HUNDREDTH SUBSCRIBER GROUP |     |                            |     |                                                                                                    |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b> |     |                            |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                      | DSE | CALL SIGN                  | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |                |     |                                |     |                            |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                     |     | <b>0.00</b>                |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group    |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group     |     | \$ <b>0.00</b>             |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

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### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|---------|------------------------------------------------------|-----|----------------------------|---------|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |         |                                                      |     | SYSTEM ID#<br><b>62042</b> |         | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |         |                                                      |     |                            |         |                                                                                      |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |         | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |     |                            |         |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |         | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |         |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE     | CALL SIGN                                            | DSE | CALL SIGN                  | DSE     | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
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|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     |           | 0.00    | Total DSEs                                           |     |                            | 0.00    |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     |           | \$ 0.00 | Gross Receipts Second Group                          |     |                            | \$ 0.00 |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     |           | \$ 0.00 | Base Rate Fee Second Group                           |     |                            | \$ 0.00 |                                                                                      |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |         | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |     |                            |         |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |         | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |         |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE     | CALL SIGN                                            | DSE | CALL SIGN                  | DSE     |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
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|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
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|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
|                                                                                                                                                                   |     |           |         |                                                      |     |                            |         |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     |           | 0.00    | Total DSEs                                           |     |                            | 0.00    |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     |           | \$ 0.00 | Gross Receipts Fourth Group                          |     |                            | \$ 0.00 |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           | \$ 0.00 | Base Rate Fee Fourth Group                           |     |                            | \$ 0.00 |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |         |                                                      |     |                            |         | \$                                                                                   |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------------------|-----|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                         |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                         |     |                            |     |                                                                                      |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>          |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                               | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                              |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group             |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group              |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |                |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>          |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                               | DSE | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                         |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                              |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group             |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group              |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                         |     |                            |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                         |     |                            |     |                                                                                      |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>62042</b>                                                                                  |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                                                                                                    |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP       |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                                                                                                    |     |                                                                                                                                                                        |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                                                                                                    |     |                                                                                                                                                                        |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                                                                                                    |     |                                                                                                                                                                        |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP       |     |                                                                                                                    |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                                                                                                    |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                                          | DSE |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
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|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                                    |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                                                                                                    |     |                                                                                                                                                                        |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                                                                                                    |     |                                                                                                                                                                        |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                                                                                                    |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin: 0 auto;"></div> |     |                                                                                                                                                                        |

## Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                 |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |     |                            |     |                                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|--------------------------------------------|-----|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                            |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                            |     |                            |     |                                                                                      |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP     |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                 |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>             |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                  | DSE | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                            |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                 |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                 |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                            |     |                            |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                            |     |                            |     |                                                                                      |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|----------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                                      |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP           |     |                            |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>             |     |                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>             |     |                                                                                                                                                                                 |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                |     |                            |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>             |     |                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>             |     |                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------|-----|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                           |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                           |     |                            |     |                                                                                      |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group               |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group               |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                           |     |                            |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                           |     |                            |     |                                                                                      |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-----|------------------------------------------------------|-----|--------------------------------------------|-----|--------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                                            |     |                                                      |     | SYSTEM ID#<br><b>62042</b>                 |     | Name                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |                                            |     | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                |     |                                            |     |                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations       |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
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|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |                                            |     | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP            |     |                                            |     |                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
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|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                                                      |     |                                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                                      |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                                                      |     |                            |     |                                                                                      |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP            |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>             |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>             |     |                                                                                      |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP             |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>                |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>             |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>             |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                            |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                                      |     |                            |     |                                                                                      |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------|-----|----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Interstate Telecommunications Coop., Inc.</b>                                                                          |     |                |     |                                           |     | SYSTEM ID#<br><b>62042</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                           |     |                            |     |                                                                                      |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                |     | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group               |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP     |     |                            |     |                                                                                      |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                |     | COMMUNITY/ AREA _____ <b>0</b>            |     |                            |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                 | DSE | CALL SIGN                  | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                           |     |                            |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                |     | <b>0.00</b>                |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group               |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                |     | \$ <b>0.00</b>             |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                           |     |                            |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                           |     |                            |     |                                                                                      |  |