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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
3/3/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2019/2							
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system or on the last day of a counting perioa	em the accounting period should s					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Consolidated Communications Enterprise Services							
				6198520192 61985 2019/2				
	121 S 17th Street Mattoon, IL 91938-3987							
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of							
System	1 IDENTIFICATION OF CABLE SYSTEM: Consolidated Communications Enterprise Services,			Till Space B.				
	MAILING ADDRESS OF CABLE SYSTEM: 211 Lincoln Street (Number, street, rural route, apartment, or suite number) Roseville, CA 95678 (City, town, state, zp code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	Sacramento	CA						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	Α	1				
	Alliance	MD	В	2				
	Gering	MD	В	3				

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

FORM SA3E. PAGE 1b.			Account	114G FERIOD: 2013/2				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Consolidated Communications Enterprise Services			61985					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.								
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
Sacramento	CA	AB		First				
Antelope	CA	AA		Community				
Carmichael	CA	AB						
Citrus Heights	CA	AA						
Elk Grove	CA	AB						
Fair Oaks	CA	AB		See instructions for				
Granite Bay	CA	AA		additional information				
Lincoln	CA	AA		on alphabetization.				
McClellan	CA	AB						
Natomas	CA	AB						
Orangevale	CA	AB						
Rancho Cordova	CA	AB		Add rows as necessary.				
Rocklin	CA	AB						
Roseville	CA	AB						

	•

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Consolidated Communications Enterprise Services
SYSTEM ID#
61985

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:	GOBOOKIBEKO		IVAIL	OATEOUT OF CERVICE CODOCINEERS TVATE		
Service to first set	14,548	\$	32.74			
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	248	\$	32.74			
Converter						
Residential	8,532	\$	7.99			
Non-residential	612	\$	7.99			
		э \$				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 32.74	Motel, hotel		
 Pay cable—add'l channel 	\$ 7.21	Commercial		
Fire protection		• Pay cable		•
•Burglar protection		Pay cable-add'l channel		•
Installation: Residential		Fire protection		
First set	\$ 49.96	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 19.99	
Converter		Disconnect	\$ 49.95	
		Outlet relocation		
		Move to new address		

					SYSTEM ID:	7
PRIMARY TRANSMITTI	Ammiinicai					Name
In General: In space (rprise Servic	es	6198	9
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Consolidated Communications Enterprise Services** 61985 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **KCRA** 3 No Sacramento, CA n **KQCA** 58 i No Sacramento, CA **KOVR** 13 n No Sacramento, CA **KVIE** No 6.1 Sacramento, CA е KVIE-2 6.2 Sacramento, CA No е **KTXL** 40 No Sacramento, CA i **KXTV** 10.1 No Sacramento, CA n **KSPX** 29 i No Sacramento, CA **KMAX** 31 No Sacramento, CA i **KTNC** 42 Ī No Concord, CA

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es	61985	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even- system during ti- ions in effect or 6.61(e)(2) and (6.6	y television standard y television standard y television standard y television standard y televisions, or auth G—but do listitute basis. In the standard y television y televi	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the period of the station was carried to the report origination cording to its own be reported in the station is a network as assigned to the station is a network work, "N-M" (I educational), one general instruction of the station is a network of the station is a network work with the station is a network work with the station is a network work with the station is a network with the station is a network with the station with the station with the station is a network with the station with the stat	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of the Special Statement of both on a substitution, see page (v) on a program services the television statistical that the station, an indefor network multicar "E-M" (for noncontext of the station of	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	A.C.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURIN SAJE. PAGE 3					0)/07514 ID#		
LEGAL NAME OF OV			rprise Servic	es	SYSTEM ID# 61985	Name	
PRIMARY TRANSMIT	TERS: TELEVISION	ON	-				
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							
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-		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SASE. PAGE 3.					0)/07514 ID#		
LEGAL NAME OF OW Consolidated			rprise Servic	es	SYSTEM ID# 61985	Name	
PRIMARY TRANSMIT	TERS: TELEVISION	ON	-				
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							
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		CHANN	EL LINE-UP	AE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

Consolidated Communications Enterprise Services PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify	Rame G Primary Transmitters: Television
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.	G Primary Transmitters:
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.	Primary Transmitters:
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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 during the accounting period. Indicate by entering "LAC" if your cable system carried the 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 categori	
CHANNEL LINE-UP AF	
1. CALL SIGN CHANNEL OF CHANNEL NUMBER STATION STATION (Yes or No) CARRIAGE (If Distant) (If Distant)	

FURINI SAJE. PAGE 3.					21/2	
Consolidated (prise Servic	es	SYSTEM ID# 61985	Name
PRIMARY TRANSMITT			prisc ocivic		0.000	
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						
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					2./2==== //	
Consolidated (rorise Servic	es	SYSTEM ID# 61985	Name
PRIMARY TRANSMITT			prisc oci vic		0.000	
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases	G, identify ever system during t ions in effect of 5.61(e)(2) and (sis, as explaine stations: With	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next prespect to any	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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Trotor ii you are amen			EL LINE-UP	<u>'</u>	onamio mio up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

Consolidated Communications Enterprise Services 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:	M ID# 1985	Name G
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	1985	
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 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LA	e	Primary Transmitters: Television
CHANNEL LINE-UP AI		
1. CALL SIGN CHANNEL CHANNEL NUMBER STATION STATION (Yes or No) CARRIAGE (If Distant) STATION		

FURINI SAJE. PAGE 3.					21/2	
Consolidated (rorise Servic	es	SYSTEM ID# 61985	Name
PRIMARY TRANSMITT			prisc oci vic		0.000	
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis of basis under specific FC	G, identify ever system during t ions in effect or 5.61(e)(2) and (sis, as explaine Stations: With CC rules, regular	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth	p period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations:	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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,			EL LINE-UP	'	<u>'</u>	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IFR OF CABLE SY	/STFM·			SYSTEM ID#			
Consolidated C			rprise Servic	es	61985	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	n 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							
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	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located			
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(for independent multion For the meaning of the	cast), "E" (for nesse terms, see	oncommercia page (v) of th	l educational), o e general instruc	or "E-M" (for nonco ctions located in th	mmercial educational multicast).			
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1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	U. ECCATION OF STATION			
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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Consolidated C			prise Servic	es	61985	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the constant of	he accounting n June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television		
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• List the station here,	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located			
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cable system carried the	ave entered "Y ne distant statio	es" in column on during the	4, you must cor accounting perion	mplete column 5, s od. Indicate by ent	stating the basis on which your tering "LAC" if your cable system			
	ion of a distant	multicast stre	eam that is not s	subject to a royalty	capacity. payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea	o enter "E". If , see page (v) ch station. Fo	you carried the) of the general i or U.S. stations,	channel on any ot instructions locate list the community	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each				
	1	CHANN	EL LINE-UP	AL				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Consolidated C			prise Servic	es	61985	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the constant of	he accounting n June 24, 19 4), or 76.63 (r d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television		
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each multicast stream cast stream as "WETA WETA-simulcast).	associated with -2". Simulcast	n a station acc streams must	cording to its over the cording to its over the cordinate of the cordinate	er-the-air designa column 1 (list each	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in			
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	nington, D.C. This	may be different from the channel			
(for independent multion For the meaning of the	cast), "E" (for nesse terms, see	oncommercia page (v) of the	l educational), o e general instru	or "E-M" (for nonco	ast), "I" (for independent), "I-M" immercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-			
cable system carried the	ave entered "Y ne distant statio	es" in column on during the	4, you must cor accounting perion	mplete column 5, s od. Indicate by ent	stating the basis on which your tering "LAC" if your cable system			
	ion of a distant	multicast stre	eam that is not s	subject to a royalty	capacity. payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea	o enter "E". If , see page (v) ch station. Fo	you carried the) of the general i or U.S. stations,	channel on any ot instructions locate list the community	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each				
	1	CHANN	EL LINE-UP	AW				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURINI SAJE. PAGE 3.					2./2==== //	
Consolidated C			prise Servic	es	SYSTEM ID# 61985	Name
PRIMARY TRANSMITTI			prisc ocivic		0.000	
In General: In space of carried by your cable selection FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program bases Substitute Basis Selection Fig. 10 and 10	G, identify ever system during to ions in effect of 5.61(e)(2) and (sis, as explaine stations: With	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Column 6:	here in space only on a subs and also in spa formation concern. The station's call associated with the concern cannot be channel number of the concern cannot be channel number of the concern cannot be concerned the concerned the concerned concern	G—but do listitute basis. ace I, if the staterning substitute sign. Do not read to a station acoustreams must been the FCC has station. Whether the stat	tit in space I (the stion was carried tute basis station report origination of the properties of the station is a network), "N-M" (I educational), one general instructive area, (i.e. "carcounting period ause of lack of a peam that is not some 30, 2009, be sesociation repreyou carried the port of the general in true."	d both on a substitus, see page (v) of a program services er-the-air designal column 1 (list each the television statistington, D.C. This is lightly that the television statistington, D.C. This is lightly that the television, an indefor network multicator "E-M" (for noncoctions located in the fillightly that the column 5, so the column 6, so th	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	Ig multiple chai		EL LINE-UP	•	Crianner inne-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (Communica	tions Enter	prise Servic	es	61985	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y t	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the period of the station was carried to the report origination cording to its own be reported in the station is a network as assigned to the station is a network work, "N-M" (I educational), one general instruction of the station is a network of the station is a network work with the station is a network work with the station is a network work with the station is a network with the station is a network with the station with the station with the station is a network with the station with the stat	(1) stations carried to carriage of certail (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This light of the television statification, D.C. This lark station, an indefor network multicute. Te-M" (for noncontions located in the special point of the television statification. The station of the station, and independent of the station of	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE UD	40		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
Consolidated C	ommunicat	tions Enter	prise Servic	es	61985	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space G carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis St basis under specific FC. Do not list the station station was carried of List the station here, a basis. For further infinite the paper SA3 for Column 1: List each each multicast stream a cast stream as "WETA-Simulcast). Column 2: Give the its community of license on which your cable system conduction of the station of local service Column 4: If the station planation of local service Column 5: If you had cable system carried the carried the distant station. For the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	is, identify even ystem during the in space only on a substand also in spatormation concern. In station's call associated with associated with associated with associated with in each case wentering the least), "E" (for no se terms, see pator and also in soutside area, see pator and a distant station on a part-time on of a distant entered into on primary transimulcasts, also ree categories location of each anadian station and the station of a distant entered into on a part-time on a part-time on a part-time on a part-tim	y television sty the accounting in June 24, 194, or 76.63 (ind in the next prespect to any ations, or auth G—but do listitute basis. In a station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station acceptable of the station. In a see page (v) of the station acceptable of the station. For one, if any, given the station acceptable of the station. For one, if any, given the station acceptable of the station acceptable of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the station was carried to the station was carried to the station was station to the reported in containing the station is a network etwork), "N-M" (if a distance area, (i.e. "or general instruction, and the station was considered in the station of the search that is not some 30, 2009, be sesociation repression of the general in true. It is not some 30, 2009, be sesociation repression of the general in true. Stations, if the the name of the stations of the stations, if the the name of the stations of the stations, if the the name of the stations of the stations of the stations, if the the name of the stations of the stati	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your control of the carried by the carried	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (Communica	tions Enter	rprise Servic	es	61985	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Program ba Substitute Program ba Substitute Program ba Substitute Basis: basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licenson which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. ch station's call associated with a-2". Simulcast e channel numbers. For example system carried the in each case of the concorn and concorn a	y television standard y television y television standard y television y television y television y television y television y televisi	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to it it in space I (the ation was carried tute basis station report origination cording to its own to be reported in own as assigned to annel 4 in Wash tation is a network etwork), "N-M" (I educational), or egeneral instructive area, (i.e. "or general instruction of lack of a general instruction."	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your constructions are special Statement of both on a substitution, see page (v) on a program service er-the-air designation of the television statisticity of the television statisticity, enter "Ye don't be the column 5, so the television should be the television s	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
-		OLIANNI	EL LINE UD	40	· .	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (Communica	tions Enter	prise Servic	es	61985	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					2./2==== //	
Consolidated (prise Servic	es	SYSTEM ID# 61985	Name
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FURINI SAJE. PAGE 3.					2./2==== := ::	
Consolidated (rprise Servic	es	SYSTEM ID# 61985	Name
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Note: If you are utilizing	ng multiple char		use a separate	<u> </u>	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					21/2	T			
Consolidated (rprise Servic	es	SYSTEM ID# 61985	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON	-						
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									
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (Communicat	tions Enter	prise Servic	es	61985	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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		CHANN	EL LINE-UP	ΔV		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es	61985	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 5: If you heable system carried the cable system and tion "E" (exempt). For explanation of these the substitute of these the state of the set of the state the system and tion "E" (exempt). For explanation of these the substitute of the set of the state of the set of the	G, identify eventy system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: It it in space I (the referring to station was carried that it in space I (the report origination cording to its own be reported in compared to the reported in the reported	(1) stations carried et carriage of certa 1(e)(2) and (4))]; as carried by your context of the carried by your carried by y	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or 0 Note: If you are utilizing				•	which the station is identifed. channel line-up.	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61985 **Consolidated Communications Enterprise Services** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	Consolidated Communication SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the acceplanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant star Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa	ify every not coounting paining that must reconct did you tion? ", leave the PROGRA titute progra	Enterprise S L STATEMEN Innetwork televiseriod, under spett be included in INING SUBST	sion program broadcast by a ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	distant statior C rules, regula		cable s	S		Name						
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? **Note: If your nanwer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. **2. LOG OF SUBSTITUTE PROGRAMS** In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. **Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." **Column 1: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." **Column 6: Side the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." **Column 6: Side the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the an explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state Note: If your answer is "Noting in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spatial substituted in the substitute of the su	ify every not counting paining that must CONCER riod, did you tion? The riod riod riod riod riod riod riod riod	nnetwork televiseriod, under spet be included in INING SUBST	sion program broadcast by a ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	distant statior C rules, regula		cable s		61985	Name						
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substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball." 76er vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the account	substitute basis during the alexplanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stating the state of the stat	counting pening that must reconct reconcerns reconcilizing recon	eriod, under spe st be included ir NING SUBST ir cable system	ecific present and former FConthis log, see page (v) of the ITUTE CARRIAGE	C rules, regula	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that y	SPECIAL STATEMENT During the accounting per broadcast by a distant state. Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa	r CONCER riod, did you tion? ", leave the PROGRA titute progra	NING SUBST ir cable system	ITUTE CARRIAGE	general instru											
Spestateme broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517." Column 7: Enter the letter "R" if the listed program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC	During the accounting per broadcast by a distant state. Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spate.	riod, did you tion? ", leave the E PROGRA titute progra	ır cable system													
Stateme Program Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in e	broadcast by a distant star Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substalear. If you need more spar	tion? ", leave the E PROGRA titute progra		carry, on a substitute basi						Carriage: Special						
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2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SHATION SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED FOR DELETION	2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa	titute progra		ge blank. If your answer is "	Yes," you mu	ist complet	te the p	rogram								
Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. VHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR DELETION			ım on a separa		wherever pos	sible, if the	ir mear	ning is								
effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED FOR DELETION	period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	of every no distant statingulations, contion. Do no Lucy" or "NE mass broad sign of the sadcast static and day we "5/7." es when the Example: a er "R" if the and regulati	nnetwork televion and that your authorization of use general of the BA Basketball: deast live, enterstation broadca on's location (thous, if any, the when your system of program carrillisted program ons in effect du	ision program (substitute program cable system substituteds). See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ced by a system from 6:01:1 was substituted for programing the accounting period;	d for the progreral instruction "basketball". o." m. station is licer station is iden program. Use cable system. 5 p.m. to 6:26 mming that you are the letter the letter and the program that you are the letter the letter the letter the second instruction.	ramming on solocated List specionsed by the tiffied). numerals, List the tir 8:30 p.m. solur system ter "P" if the	f anoth in the progression fictorial field from the	er static paper gram or, in ee monti curately be equired	n							
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CARRIAGE OCCURRED FOR 5. MONTH 6. TIMES DELETION			that your syste	em was permitted to delete	under FCC ru	ules and re	egulatio	ons in								
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	I I I 7 REASON I															
		SUBSTITUT														
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
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		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
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		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							
		2. LIVE?	-		5. MONTH	AGE OCO	CURRE TIMES	ED	FOR							

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Consolidated Communications Enterprise Services

SYSTEM ID#

61985

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

		DATE	S AND HOURS (OF PA	ART-TIME CAF	RRIAGE		
CALL SIGN	WHEN CARRIAGE OCCURRED HOURS				CALL SIGN	WHEN	I CARRIAGE OCC	
	DATE	FROM	TO			DATE	HOL FROM	JRS TO
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Co	nsolidated Communications Enterprise Services			61985	Name				
Inst all a (as	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
IMP	· ·	•							
CorCorIf you feeIf you	(RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the arterior block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee				
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	e enter	ed on lir	ne 1 of					
▶ 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.									
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$ 1,849,001.22								
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.								
	Enter the result here. This is your minimum fee.	\$		19,673.37					
Block 2	, , , , , , , , , , , , , , , , , , ,								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	-	\$	6,958.97					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		6,958.97					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	-	\$	19,673.37	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r _		0.00	submitting additional deposits under				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
	Line 4. FILING FEE	-	\$	725.00	the Licensing additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		20,398.37	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (a general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of	the	200.00000				

NI	LEGAL NAME OF OV	VNER OF CABLE	SYSTEM:	SYSTEM ID#						
Name	Consolidated	Communic	ations Enterprise Services	61985						
	CHANNELS									
М	Instructions: Y	ou must give	(1) the number of channels on which the cable system carried television broadca	est stations						
		=	cable system's total number of activated channels, during the accounting period.							
Channels		()	,							
			channels on which the cable	10						
	system carrie	d television bi	roadcast stations							
	2 Enter the total	al number of a	activated channels							
			carried television broadcast stations	224						
1	and nonbroad	lcast services		. 224						
N	INDIVIDUAL T	O BE CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
	we can contact about this statement of account.)									
Individual to Be Contacted										
for Further	Name Jul i	ie Poon	Telephone	916-786-1034						
Information										
	Address 211 Lincoln Street									
			route, apartment, or suite number)							
	Ros	seville, CA	95678							
	(City,	town, state, zip)								
	Email	iulia r	noon@consolidated.com Fax (optional)							
	Liliali	Julie.p	oon@consolidated.com Fax (optional)							
	CERTIFICATION	(This statem	ent of account must be certifed and signed in accordance with Copyright Office re	egulations.						
0										
Certifcation	• I, the undersign	ned, hereby ce	rtify that (Check one, but only one, of the boxes.)							
	(Owner othe	r than corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of spar	ce B: or						
			, ,	,						
	(Agent of ow	ner other tha	n corporation or partnership) I am the duly authorized agent of the owner of the cal	ble system as identified						
			that the owner is not a corporation or partnership; or	,						
	(Officer or p	oartner) I am a	an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system						
		of space B.		,						
	I have examine	ed the stateme	nt of account and hereby declare under penalty of law that all statements of fact conta	ained herein						
	are true, comple	te, and correc	t to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Sect	ion 1001(1986)]							
	7	X	/s/Michael Shultz							
			75 Miloridei Griditz							
			n electronic signature on the line above using an "/s/" signature to certify this statement.							
		, .	/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	·						
		Typed	or printed name: Michael Shultz							
ı										
1										
1		Title:	VP Regulatory & Public Policy							
1			(Title of official position held in corporation or partnership)	111111111111111111111111111111111111111						
1										
ı		Date:	February 26, 2020							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th 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 telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and 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 fling, a determination that would be made by a court of law

LEGAL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM ID#	
	Communications Enterprise Services	61985	Name
The Satellite Hollowing sentence "In deter service of scribers For more inform paper SA3 form During the accommade by satellite X NO	rmining the total number of subscribers and the gross amounts paid to the cable system for the providing secondary transmissions of primary broadcast transmitters, the system shall not and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions pursuant to secondary on when to exclude these amounts, see the note on page (vii) of the general instruction. Sounting period did the cable system exclude any amounts of gross receipts for secondary tratter carriers to satellite dish owners?	the basic t include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter	the total here and list the satellite carrier(s) below. Name Mailing Address		
INTEREST A	ASSESSMENTS		
You must comp	olete this worksheet for those royalty payments submitted as a result of a late payment or un tion of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter th	ne amount of late payment or underpayment		Interest Assessment
Line 2 Multiply	/ line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply	v line 2 by the number of days late and enter the sum here	- 0.00274	
Line 4 Multiply	line 3 by 0.00274** enter here and on line 3, block 4,	- est charge)	
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis e Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance please	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.		
-	re filing this worksheet covering a statement of account already submitted to the Copyright C w the owner, address, first community served, accounting period, and ID number as given in		
Owner Address			
First community Accounting peri ID number			

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

ACCOUNTING PERIOD: 2019/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that lead stations are not counted at all in computing DSEs	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, id E le zone

Distant Stations Carried			Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

ψο,οοοο										
First Subscriber Group		Second Subscriber Group		Third Subscriber Group						
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)						
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00					
DSEs	2.472	DSEs	1.083	DSEs	1.389					
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03					
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80					
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23					
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03					

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)									
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services								
<u> </u>									
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	Add the DSEs of each stati	4.00							
	Enter the sum here and in lir		1.00						
_	Instructions:								
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommentation.								
of DSEs for									
Category "O"	CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	KTNC	1.000							
A -l -l									
Add rows as									
necessary. Remember to copy									
all formula into new									
rows.									
10W3.									
					0				

Name		d Communications E	Enterprise Servi	es			S	61985
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the correspond with the inform 4: Divide the figure in colubit at least to the third decire 5: For each independent so evalue as ".25." 5: Multiply the figure in copoint. This is the station's	the number of hours mation given in space the total number of hourn 2 by the figure in the mal point. This is the station, give the "typ	your cable system to J. Calculate on ours that the station column 3, and g "basis of carriage e-value" as "1.0."	n carried the stating one DSE for each on broadcast over ive the result in devalue" for the state of each network give the result in the state of th	on during the accounting ach station. r the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting to the accounting to the accounting the	unting period. is figure must cational station,	
Capacity		C	ATEGORY LAC	STATIONS: (COMPUTATIO	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	βE
			÷ ÷	=		x x	=	
			<u>:</u>			X		
			÷ -			x		
			÷ ÷			x x	=	
			÷ ÷	=		x x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of pa		e,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv Was carried tions in effetal Broadcast (space I). Column 2: at your option. Column 3: Column 4:	te the call sign of each stated by your system in substituted on October 19, 1976 (cone or more live, nonnetwork). This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a program as shown by the lett ork programs during number of live, non spond with the inforr in the calendar year in 2 by the figure in	that your system er "P" in column 7 that optional carrie network programs nation in space I. ir: 365, except in a column 3, and giv	was permitted to of space I); and ge (as shown by t carried in substi	delete under FCC rules he word "Yes" in column 2 tution for programs that	of were deleted	m).
		SUI	BSTITUTE-BAS	IS STATIONS	: COMPUTA	TION OF DSEs		I
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				÷		=
				=		÷		=
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa		9,	▶	0.00		
5		ER OF DSEs: Give the am s applicable to your system		in parts 2, 3, and	4 of this schedule	and add them to provide	the tota	
Total Number	1. Number o	of DSEs from part 2●					1.00	
of DSEs		f DSEs from part 3 ●					0.00	
	3. Number o	f DSEs from part 4 ●			>		0.00	
	TOTAL NUMBE	ER OF DSEs						1.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

	OWNER OF CABLE		orise Servic	es			S'	STEM ID# 61985	Name
In block A: • If your answer i schedule.	ock A must be com	emainder of p	•	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
,	, ,			TELEVISION M	ARKETS				Computation of
effect on June 24	em located wholly of 4, 1981? mplete part 8 of the aplete blocks B and	schedule—[•					gulations in	3.75 Fee
		BLOC	CK B: CARR	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 on ne 25, 1981. For function he letter M below r Act of 2010.)	urther explan	ation of permitt	ed stations, see tl	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carrivate (Note) B Specialty stat C Noncommeric D Grandfathere instructions for E Carried pursu *F A station pre	ules and reguled pursuant to as defined call educations or DSE sched ant to individuation when the call education of DSE sched ant to station when the call	lations cited b to the FCC ma d in 76.5(kk) (7 all station [76.5 65) (see paragulule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goasis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the	n parts 2, 3, and 4 letter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KTNC	G	1.00							
								1.00	
<u> </u>		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter th	e total number of	DSEs from	part 5 of this	schedule			,		
Line 2: Enter th	e sum of permitte	ed DSEs from	m block B ab	ove			,		
	t line 2 from line leave lines 4–7 b			,		rate.			
Line 4: Enter gr	ross receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter to	tal number of DS	Es from line	3				<u>,</u>		carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	ce L (page 7))		0.00	

	of OWNER OF CABLE		orise Servic	es				61985	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.73166
***************************************						•			
						•			

Name	Consolidated C			se Services					S	**************************************
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programming: (e)(3)). arriage under all instructions the station's le the DSE fig. B, column 3 information yet.	1981, under former ach distant station in his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, or 0)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns is	r FCC rules gov dentifed by the I gle accounting properties that the carrier station was callow pertain to the napart-time barring to 76.61(e). Carules, sections regulations, or a form. accounting perions 2 and 5 and tion. 2, 3, and 4 musting the recommendation.	erning letter " period, riage a arried I hose in asis, of (1)). a 76.59 authori iod as list the	part-time and sub F" in column 2 of p occurring between and DSE occurred by listing one of the effect on June 24 specialty program and (d)(3), 76.61(e)(3) zations. For further computed in parts a smaller of the two	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming under care explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections vi) of the should be	e enterer
		PERMITT	ED DSE FOR STA		D ON	A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRI		COUNTING		I. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD	•	CARRIAGE		OSE		DSE

7 Computation of the		"Yes," comple	npleted. ete blocks B and C, locks B and C blanl		part 8	of the DSE sched	ule.			
Syndicated			BLOC	(A: MAJOR	TELE	VISION MARK	ET			
Exclusivity Surcharge	• Is any portion of the	cable system v	vithin a ton 100 maio	or television mark	et as e	defned by section 7	6.5 of ECC	rules in effect .l	une 24	1981?
Gurcharge	X Yes—Complete	•		n television man	(Cr as (No—Proceed to		raics in chect o	unc z-,	1001:
	Tes—Complete	DIOCKS D AIR	10.		_	100—Floceed to	parto			
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	;
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place			nity	s any station listed served by the cab ormer FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		th its appropriate peri part 8.	mitted DSE	X	Yes—List each st No—Enter zero a			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE
							-			
			-							
			-							
				2.25						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services	SYSTEM ID# 61985	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,849,001.22	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	1	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

	LEGAL NAM	Æ OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	(Consolidated Communications Enterprise Services	61985
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You mu 6 was 6 In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belows s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local servare," see page (v) of the general instructions.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	Г	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	L	Tes—complete part 9 of this scriedule.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	22_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	37_
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 12,961.50	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	40.670.07
		Base Rate Fee	19,0/3.37

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Cons	olidated Communications Enterprise Services	61985	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the light of the couldn't Lie more than 4,000, compate your sace had not not directly section of stanks.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) >	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) > \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Base Rate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	ast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	el line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	o the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Surcharge
-	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	nart 7 vou must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Distant
if your	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations	tian vari	Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant start to that community.	lion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
Compu groups	nting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
-	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	of the	
• If:	ocio in the group.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i	nstructions	
	paper SA3 form. ute 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. DSEs f	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61985 **Consolidated Communications Enterprise Services** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Consolidated Con			Services			S	YSTEM ID# 61985	Name
							0.1905	
В				TE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU County & Citrus H		COMMUNITY/ ADEA		SUBSCRIBER GROU	JF	9
JUMMUNITY/ AREA	riacei	Journey & Citrus F	ieigiiis	COMMUNITY/ AREA	Sacram	ento County		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTNC	1.00							Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 654	038.46	Gross Receipts Secon	d Group	\$ 1,1	94,962.76	
								
			050.07				0.00	
Base Rate Fee First G	roup	\$ 6	958.97	Base Rate Fee Secon	a Group	\$	0.00	
_	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<mark>.</mark>			
	···					•		
				T			0.00	
Fotal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00		Group	\$	0.00	
	Group	\$		Gross Receipts Fourth	ı Group	\$		
Total DSEs Gross Receipts Third C			0.00	Gross Receipts Fourth			0.00	
		\$			•	\$		
Gross Receipts Third C			0.00	Gross Receipts Fourth	•		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	ı Group		0.00	

Consolidated Communic	BLE SYSTEM: cations Enterprise	Services			S	YSTEM ID# 61985
	: COMPUTATION C		TE FEES FOR EAC			
	H SUBSCRIBER GRO		COMMUNITY/ADE		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SEVENT	H SUBSCRIBER GRO	OUP		EIGHTH	SUBSCRIBER GROU	JP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NITH SUBSCRIBER GROUP	EGAL NAME OF OWNER OF CAB Consolidated Communica		Services			S	YSTEM ID# 61985
COMMUNITY/ AREA				TE FEES FOR EAC			
CALL SIGN DSE CA		SUBSCRIBER GRO		COMMUNITY/ADEA		H SUBSCRIBER GROU	
CALL SIGN DSE CA			U				U
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG		11	DSE			11	DSE
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG		_					
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG			<u>"</u>			····	
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG							
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG	Fotal DSEs		0.00	Total DSEs	•		0.00
Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL		\$			and Group	\$	
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	Steed Recorpte Filet Group	<u> </u>		ll cross reserve cost	ona Group	<u>*</u>	
COMMUNITY/ AREA O COMMUNITY/ AR	Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CAL	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP
rotal DSEs 0.00 Total DSEs 0.00	COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		_					
	······						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	otal DSEs		0.00	Total DSEs			0.00
	Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
			1				
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00			l				

Name	YSTEM ID# 61985	S			Services			LEGAL NAME OF OWNE Consolidated Com
	ID.			TE FEES FOR EACH				
9 Computati	0	SUBSCRIBER GROU	RIEENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	(IEENIH	COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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for								
Partially Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROU	XTEENTH			SUBSCRIBER GROU	TEENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
		1		1	1	1		

Consolidated Communi	ABLE SYSTEM: cations Enterprise	Services			S	4985 YSTEM
	A: COMPUTATION C		П			
	TH SUBSCRIBER GRO	OUP 0	Ħ		1 SUBSCRIBER GRO	
COMMUNITY/ AREA		U	COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00	T			0.00
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINTEEN	TH SUBSCRIBER GRO	OUP		TWENTIETH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		······				
otal DSEs		0.00	Total DSEs			0.00
Total DSEs Gross Receipts Third Group		0.00	Total DSEs Gross Receipts Fol	urth Group	\$	0.00
	\$			urth Group	\$	

Name	egal NAME OF OWNER OF CABLE SYSTEM: onsolidated Communications Enterprise Services 61985									
		BER GROUP								
9	JP 0	SUBSCRIBER GROU	-SECOND	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	I Y-FIRST	TWENT COMMUNITY/ AREA		
Computat				COMMONT IT AREA				COMMONITITY AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and Syndicat						-				
Exclusiv										
Surchar										
for										
Partiall							-			
Distant Station						-				
Station										
							-			
	0.00			T-4-LDOF-	0.00			5-4-L DOE-		
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr		
	JP	SUBSCRIBER GROU	-FOURTH	TWENTY	JP	SUBSCRIBER GROU	Y-THIRD	TWENT		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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						_				
						-	-			
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	0.00		l	Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G		

Consolidated Communic	BLE SYSTEM: cations Enterprise	Services				YSTEM ID# 61985
	: COMPUTATION O					
TWENTY-FIFT COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	JP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL CIGIT BOL	O'ALL SIGIV	DOL	OALE SIGIV	DOL	CALL SIGIV	DOL
		<u></u>				
otal DSEs		0.00	Total DSEs	•		0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
	H SUBSCRIBER GRO	OUP 0	ii .		I SUBSCRIBER GRO	<u>JP</u> 0
OMMUNITY/ AREA		U	COMMUNITY/ ARE	Α		U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			.			
otal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	

Computat of Base Rate	UP	BER GROUP	SUBSCRI	TE FEES FOR EACH	DAGE DA			
Computat of Base Rate	U٢	CLIDCODIDED ODO:						
of Base Rate	0	SUBSCRIBER GROU	HIKTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-NIN I H	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
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Distant								
Stations								
_	0.00			Total DSEs	0.00	-		otal DSEs
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_ 								
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	-SECOND	THIRTY	JP	SUBSCRIBER GROU	TY-FIRST	THIR
)	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
_	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
7								
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G

Consolidated Communic	BLE SYSTEM: cations Enterprise	Services				61985				
	CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	D SUBSCRIBER GRO	SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP O COMMUNITY/ AREA O								
COMMUNITY/ AREA		U	COMMUNITY/ AREA	Α		U				
CALL SIGN DSE	CALL SIGN	DSE	DSE CALL SIGN DSE CALL SIGN DSE							
otal DSEs		0.00	Total DSEs			0.00				
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
	\$	0.00	Base Rate Fee Sec		\$	0.00				
THIRTY-FIFT	\$ H SUBSCRIBER GRO	DUP	Th	HIRTY-SIXTH	\$ I SUBSCRIBER GRO	UP				
THIRTY-FIFT				HIRTY-SIXTH						
THIRTY-FIFT		DUP	Th	HIRTY-SIXTH		UP				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	I SUBSCRIBER GRO	UP 0				
THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	CALL SIGN	DSE	I SUBSCRIBER GRO	UP 0 DSE				
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP DSE 0.00	CALL SIGN CALL SIGN The Community Area of the community	DSE	CALL SIGN	DSE O.00				

LEGAL NAME OF OWNER OF CAB Consolidated Communica		Services			S	YSTEM ID# 61985			
	COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	SUBSCRIBER GRO	THIRTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O							
COMMUNITY/ AREA		U							
CALL SIGN DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE								
		<u></u>							
otal DSEs	••	0.00	Total DSEs	•	•	0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
				•					
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00			
	Ψ	0.00	Dase Nate I ee Seco	ла Стоар	Ψ				
THIRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	UP			
THIRTY-NINTH	L'		COMMUNITY/ AREA	FORTIETH	<u> </u>				
THIRTY-NINTH	L'	UP		FORTIETH	<u> </u>	UP			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0			
THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE Total DSEs	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE			
THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE Total DSEs	SUBSCRIBER GRO CALL SIGN	DSE DSE D.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE O.000			
THIRTY-NINTH	SUBSCRIBER GRO CALL SIGN	DSE DSE D.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	SUBSCRIBER GROU	DSE O.000			

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services			S	YSTEM ID# 61985				
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	T SUBSCRIBER GRO	UBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0								
COMMUNITY/ AREA		U	COMMUNITY/ AREA	4		U				
CALL SIGN DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE									
					*					
otal DSEs		0.00	Total DSEs	•		0.00				
ross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00				
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
	D SUBSCRIBER GRO		li		SUBSCRIBER GROU					
	D SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0				
MMUNITY/ AREA	D SUBSCRIBER GRO		li		SUBSCRIBER GROU					
MMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
MMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
MMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
DMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0				
CALL SIGN DSE		0	COMMUNITY/ AREA	4		0				
CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE				
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00				

BLOCK A:		Services				4985 61985				
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	SUBSCRIBER GRO	SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O								
COMMUNITY/ AREA		U	COMMUNITY/ ARE.	Α		U				
CALL SIGN DSE	CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE								
	. –									
	-									
	I									
otal DSEs		0.00	Total DSEs			0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
sase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
FORTY-SEVENTH	I SUBSCRIBER GRO	UP	FO	RTY-EIGHTH	H SUBSCRIBER GRO	UP				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	+									
	-									
otal DSEs		0.00	Total DSEs			0.00				
	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
Gross Receipts Third Group										
Gross Receipts Third Group										

LEGAL NAME OF OWNER OF CAE Consolidated Communica		Services			S	48TEM ID# 61985		
			ATE FEES FOR EAC					
FORTY-NINTH COMMUNITY/ AREA	I SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GROU	<u>JP</u> 0		
						<u> </u>		
CALL SIGN DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE							
		<u> </u>						
		<u> </u>						
		<u></u>						
otal DSEs		0.00	Total DSEs			0.00		
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00		
	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU			
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	.							
	n							
otal DSEs		0.00	Total DSEs			0.00		
	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00		
	\$			rth Group	\$			
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985										
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP				
FIFT	TY-THIRD	SUBSCRIBER GRO	UP	FIF	TY-FOURTH	I SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	F	FIFTY-SIXTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
	roup.	•	0.00		th Group	¢	0.00			
Gross Receipts Third G	лоир	Ψ	0.00	Gross Receipts Four	ит Стоир	\$	0.00			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsespace L (page 7)	criber group	as shown in the boxes	s above.	\$				

EGAL NAME OF OWNER OF CAE		Services			S	YSTEM ID# 61985				
	COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	SUBSCRIBER GRO		ii —		H SUBSCRIBER GROU					
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0				
CALL SIGN DSE	CALL SIGN	DSE	E CALL SIGN DSE CALL SIGN DSE							
	,									
	<u> </u>									
otal DSEs		0.00	Total DSEs		-	0.00				
oss Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
FIFTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	H SUBSCRIBER GROU	JP				
MMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
otal DSEs		0.00	Total DSEs			0.00				
ross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00				
			1.1		1					
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				

Consolidated Communi	ABLE SYSTEM: cations Enterprise	Services			S	4985 4787 41985				
	OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	ST SUBSCRIBER GRO									
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE								
otal DSEs		0.00	Total DSEs			0.00				
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
	RD SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU					
	RD SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE		I SUBSCRIBER GROU	JP 0				
MMUNITY/ AREA	RD SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU					
MMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
MMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DSE		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DSE		DSE	COMMUNITY/ ARE	DSE		DSE				
OMMUNITY/ AREA	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE				

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985										
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP				
SIX	ΓY-FIFTH	SUBSCRIBER GRO		S	IXTY-SIXTH	I SUBSCRIBER GROU	JP	۵		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Commutation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
		31.122.21.01.			Base Rate Fee					
								and		
								Syndicated		
		-						Exclusivity Surcharge		
								for		
								Partially		
		-						Distant		
								Stations		
		•								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
	SEVENTH	SUBSCRIBER GRO	JP	††		I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
Total DSEs			0.00	Total DSEs	•		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$				

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services				4985 41985	
			TE FEES FOR EAC				
SIXTY-NINT COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	SEVENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
OOMWONT IT AREA			CONNICION 17 AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs		11	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
ross recorpts i list Group	Ψ	0.00	Cross receipts ecce	па Огоар	*	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENTY-FIRS	T SUBSCRIBER GRO	NIP	SEVENT	LA SECONE	CLIBECDIDED CDOL	ID.	
			li		SUBSCRIBER GROU		
DMMUNITY/ AREA		0	COMMUNITY/ AREA		J SUBSCRIBER GROU	0	
	CALL SIGN		li		CALL SIGN		
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
		0	COMMUNITY/ AREA	\		0	
CALL SIGN DSE		0	COMMUNITY/ AREA	\		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	

LEGAL NAME OF OWNE Consolidated Com			Services			S	YSTEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SEVENT	Y-THIRD	SUBSCRIBER GRO	JP	SEVENT	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
		-						Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN ⁻	TY-FIFTH	SUBSCRIBER GRO	JP	SEVE	NTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services				YSTEM ID# 61985	
	: COMPUTATION C						
	H SUBSCRIBER GRO		SEVENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
		1			<u>*</u>		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-NINT	H SUBSCRIBER GRO	DUP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$		

LEGAL NAME OF OWNE Consolidated Com			Services			S	YSTEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GRO	JP	EIGHT	JP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	JP	EIGHT	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services			8	4985 41985	
			TE FEES FOR EAC				
	H SUBSCRIBER GRO		EIGHTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·			*****			
	····						
otal DSEs		0.00	Total DSEs	•		0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	H SUBSCRIBER GRO	OUP 0	li		I SUBSCRIBER GROU		
OMMUNITY/ AREA		COMMUNITY/ AREA 0					
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
	CALL SIGN	DSE	Total DSEs		CALL SIGN		
otal DSEs	CALL SIGN			DSE	CALL SIGN	DSE	
CALL SIGN DSE COALL SIGN DSE Cotal DSEs Cross Receipts Third Group Base Rate Fee Third Group		0.00	Total DSEs	DSE		0.00	

EGAL NAME OF OWNER OF CAB Consolidated Communica		Services			S	YSTEM ID# 61985	
			ATE FEES FOR EAC				
	SUBSCRIBER GRO	UP 0	NINTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA		U	COMMUNITY/ AREA	COMMUNITY AREA			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		
	,						
otal DSEs	!!	0.00	Total DSEs		···	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	<u> </u>				<u>*</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINETY-FIRST	SUBSCRIBER GRO	UP	NINET	Y-SECONE	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Gross Receipts Third Group							
Gross Receipts Third Group							
Gross Receipts Third Group Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	

Consolidated Communic	ABLE SYSTEM: cations Enterprise	Services			S	YSTEM ID# 61985
	A: COMPUTATION C					
NINETY-THIF	RD SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINETY-FIF	H SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GROU	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs ross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00

	BLE SYSTEM: ations Enterprise	Services			S	487EM ID#	
			ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO		NINETY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•		
otal DSEs		0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						1	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	H SUBSCRIBER GRO		II		SUBSCRIBER GRO		
OMMUNITY/ AREA		0	COMMUNITY/ ARE/	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					+		
Fotal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$			rth Group	\$	_	

EGAL NAME OF OWNER OF CAE Consolidated Communica		Services			S	YSTEM ID# 61985	
			ATE FEES FOR EAC				
ONE HUNDRED FIRST	SUBSCRIBER GRO		ONE HUNDRED SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA		0					
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	.						
otal DSEs		0.00	Total DSEs		11	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIRD	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	
	\$			rth Group	\$	_	
Fotal DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	_	

LEGAL NAME OF OWNE Consolidated Com			Services			S	YSTEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
	ED FIFTH	SUBSCRIBER GROU		ONE HUND	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		ii e		I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	'		0.00	Total DSEs	'		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								
				TE FEES FOR EACH				<u> </u>
	D NINTH	SUBSCRIBER GROU		ONE HUNDF		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$		

NI-	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985							
				TE FEES FOR EACH				
,	JP 0	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOL	JP 0	SUBSCRIBER GROU	RTEENTH :	ONE HUNDRED THIS COMMUNITY/ AREA
Comp					U			COMMUNITY AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R						-	ļ	
aı Synd								
Exclu								
Surci								
fc							-	
Part Dist								
Stati						-		
							-	
	0.00			Total DSEs	0.00			Total DSEs
_ 1						\$	roup	Gross Receipts First Gr
-	0.00	\$	u Group	II Ologo i redelpto occori				
- - 7	0.00	Ψ	и Стоир	Cross recorpts occorn				
- -]	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU		ONE HUNDRED FIR
	0.00	\$	d Group	Base Rate Fee Secon		1		ONE HUNDRED FIR
	0.00	\$	d Group	Base Rate Fee Secon	JP	1		ONE HUNDRED FIR
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group XTEENTH	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	DSE	\$ SUBSCRIBER GROU	d Group XTEENTH DSE	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIF
	0.00 JP	SUBSCRIBER GROU	d Group XTEENTH DSE	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

LEGAL NAME OF OW		.E SYSTEM: tions Enterprise \$	Services			S	YSTEM ID# 61985	Name
				ATE FEES FOR EACH	H SUBSCF	RIBER GROUP	3.303	
		SUBSCRIBER GROU				I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		li		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		•						
		•						
Total DSTa			0.00	Total DSEs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services SYSTEM ID# 61985								Name	
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROUP)	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					Base Rate Fee				
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Base Rate Fee Third G	Group	\$ 0.00 Base Rate Fee Fourth Group \$ 0.00							
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	re fees for each subsc space L (page 7)	criber group	as shown in the boxes	s above.	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								
			TE FEES FOR EACH					
ONE HUNDRED TWENTY-FIFTH COMMUNITY/ AREA	SUBSCRIBER GROUP	0	ONE HUNDRED TW		1 SUBSCRIBER GROUP	0		
JOININONTT I / AILLA								
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE					
	BOLL O'NEL O							
	-							
	-							
otal DSEs		0.00	Total DSEs			0.00		
oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
E HUNDRED TWENTY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP	1		
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	 							
	-							
	H							
otal DSEs		0.00	Total DSEs			0.00		
	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
Gross Receipts Third Group			H					
ross Receipts Third Group								

LEGAL NAME OF OWNER Consolidated Com			Services			SY	STEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	-I SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'ALL GIGIT	DOL	O/ILE GIGIT	BOL	O'ALL GIGIT	DOL	O'NEE GIGIT	BOL	Base Rate Fee
		-						and
								Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially Distant
								Stations
								Gtations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIS	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								Name	
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIS	RTY-FOURTH	SUBSCRIBER GROUP)	۵	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
		31.122.21.01.1			Base Rate Fee				
								and	
								Exclusivity Surcharge	
								for	
		-						Partially	
		-						Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	RTY-FIFTH	SUBSCRIBER GROUP		Ħ		I SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							

		-							
		-							
		-							
Total DSEs	al DSEs Total DSEs								
Gross Receipts Third G	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985									
BLOCK A	: COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP				
ONE HUNDRED THIRTY-SEVENT	H SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	Compu		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	0				
		ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE							
							an		
							Syndi		
							Exclus Surch		
							fo		
							Parti		
							Dista		
		<u></u>					Stati		
otal DSEs		0.00	Total DSEs		Į.	0.00			
					_				
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
	H SUBSCRIBER GROU		111		SUBSCRIBER GROI				
	H SUBSCRIBER GROU		111		SUBSCRIBER GROI				
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0			
CALL SIGN DSE		0	COMMUNITY/ AREA	4		0			
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE			
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE			
CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE			

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								
			ATE FEES FOR EAC					
ONE HUNDRED FORTY-FIRST COMMUNITY/ AREA	SUBSCRIBER GROUI	RIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O						
COMMONITY AREA								
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE					
	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE							
	·	<u> </u>			·			
		<u></u>			<u> </u>			
otal DSEs	••	0.00	Total DSEs		••	0.00		
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
ase Rate Fee First Group	s	0.00	Dana Bata Faa Caas	1 0	•	0.00		
	Ψ	0.00	Base Rate Fee Seco	ona Group	\$	0.00		
ONE HUNDRED FORTY-THIRD	L	P	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUF)		
	L			RTY-FOURTH				
DMMUNITY/ AREA	L	P	ONE HUNDRED FO	RTY-FOURTH)		
MMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
DMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
DMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
DMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
OMMUNITY/ AREA) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
CALL SIGN DSE) SUBSCRIBER GROUI	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0		
CALL SIGN DSE CALL SIGN DSE) SUBSCRIBER GROUI	DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE		
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE 0.00		
COMMUNITY/ AREA	CALL SIGN	DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE 0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								
	COMPUTATION O		11					
ONE HUNDRED FORTY-FIFT COMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED COMMUNITY/ ARE		H SUBSCRIBER GROUF	0		
		U				U		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE					
Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FORTY-SEVENT	H SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTI	H SUBSCRIBER GROUF)		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
graduation in the graduation of the graduation o								
	Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00							

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services SYSTEM ID# 61985								Name	
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCR	RIBER GROUP			
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee and	
								Syndicated Exclusivity	
						- 		Surcharge	
								for	
								Partially	
								Distant	
		-						Stations	
						 			
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
		-							
		-							
		•							
Total DSEs 0.00 Total DSEs 0.00									
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
	. Jup	[*	3.00	Jaco Rato i GG i Oditi	Стоир	[4	0.00		
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services SYSTEM ID# 61985								Name
				TE FEES FOR EAC				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		1		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					Base Rate Fee			
								Exclusivity Surcharge
								for
								Partially
		-						Distant
		-						Stations
		-						
	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	ΓY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs Total DSEs								
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								
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services 61985								
				TE FEES FOR EACH				
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		i i	TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs 0.00 Total DSEs 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

D		tions Enterprise					61985	
Ь				TE FEES FOR EACH			LID	
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP .	9
COMMUNITY/ AREA	Placer	County & Citrus I	Heights	COMMUNITY/ AREA	Sacramo	ento County		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	DOL	ONEE SIGIT	DOL	ONLE CICIT	DOL	OALL GIGIT	BOL	Base Rate I
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$ 654	,038.46	Gross Receipts Secon	d Group	\$ 1,1	94,962.76	
lana Bata Fan First C			0.00	Basa Bata Faa Caaan	d C===		0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	a Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O' LEE GIGIT	BOL	GALL STOIL	DOL	GALLE GIGIT	DOL	OF REE GIGIT	202	
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rotal DSEs			0.00	Total DSEs			0.00	
	Scoup		_		Group		_	
	3roup	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
) Froup	\$	_		Group	\$	_	
Gross Receipts Third (_			\$	_	
iross Receipts Third (\$	0.00	Gross Receipts Fourth			0.00	
cross Receipts Third (0.00	Gross Receipts Fourth			0.00	
Fotal DSEs Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group		0.00	

Nonpermitted 3.75 Stations

DI OOK I	· COMPLITATION O	JE DAGE DA	TE FEES FOR EACH		IDED CDOLID	İ	
	TH SUBSCRIBER GRO				I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
OALE GIGIT	ONEE GIGIT	BOL	OTTLE GIGIT	DOL	OTTEL STOTA	DOL	Base Rate
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							Syndicate
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					<u> </u>		Surcharg
					. 		for
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	O Di-t- O	nd Group	\$	0.00	
			HGross Receipts Secon		T		
, coo , toco,pto , mot o.oup	<u>*</u>		Gross Receipts Secon				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon		\$	0.00	
ase Rate Fee First Group	\$	0.00		nd Group		•	
ase Rate Fee First Group		0.00	Base Rate Fee Secon	nd Group EIGHTH	\$ SUBSCRIBER GRO	UP	
ase Rate Fee First Group	\$	0.00		nd Group EIGHTH		•	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group EIGHTH		UP	
SEVENTOMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Secon	nd Group EIGHTH	SUBSCRIBER GRO	UP 0	
SEVENTOMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Secon	nd Group EIGHTH	SUBSCRIBER GRO	UP 0	
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SEVENTOMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Secon	nd Group EIGHTH	SUBSCRIBER GRO	UP 0	
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SEVENTOMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Secon	nd Group	SUBSCRIBER GRO	UP 0	
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SEVENTOMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	0.00 OUP OBE	Base Rate Fee Secon	nd Group	SUBSCRIBER GRO	UP 0	
SEVENTOMMUNITY/ AREA CALL SIGN DSE cotal DSEs	S CALL SIGN	0.00 DSE 0.00	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	EIGHTH DSE	CALL SIGN	DSE DSE O.00	
SEVENT OMMUNITY/ AREA CALL SIGN DSE	\$ TH SUBSCRIBER GRO	0.00 OUP OBE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	EIGHTH DSE	SUBSCRIBER GRO	UP 0 DSE	
SEVENTOMMUNITY/ AREA CALL SIGN DSE cotal DSEs	S CALL SIGN	0.00 DSE 0.00	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	EIGHTH DSE h Group	CALL SIGN	DSE DSE O.00	

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		0	COMMUNITY/ ARE	Α		0	Computa
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		0.00	Total DSEs			0.00	
roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
roup	s	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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LEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
		U	COMMUNITY/ ARE	Α		U	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	_						
	-						
		0.00	Total DSEs			0.00	
Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Prour		0.00	Book Bata Fee F	rth C		0.00	
oroup	\$	0.00	Base Kate Fee Fou	rın Group	\$	0.00	
			Ш				
	DSE	NINTH SUBSCRIBER GRO DSE CALL SIGN Froup \$ LEVENTH SUBSCRIBER GRO DSE CALL SIGN ON THE SUBSCRIBER GRO Group \$ Group \$ CALL SIGN ON THE SUBSCRIBER GRO Group \$ CALL SIGN CALL SI	NINTH SUBSCRIBER GROUP O DSE CALL SIGN DSE O.00 Group \$ 0.00 CLEVENTH SUBSCRIBER GROUP O DSE CALL SIGN DSE O O O O CLEVENTH SUBSCRIBER GROUP O O O CLEVENTH SUBSCRIBER GROUP O O O O O O O O O O O O O	NINTH SUBSCRIBER GROUP O COMMUNITY/ ARE DSE CALL SIGN DSE CALL SIGN O COMMUNITY/ ARE O CALL SIGN DSE CALL SIGN O COMMUNITY/ ARE O COMMUN	NINTH SUBSCRIBER GROUP DSE CALL SIGN DSE CALL SIGN DSE O.00 STOUP S O.00 LEVENTH SUBSCRIBER GROUP TWELVTH O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE Total DSE CALL SIGN DSE DSE Total DSE DSE DSE DSE DSE Total DSE DSE	NINTH SUBSCRIBER GROUP DSE	NINTH SUBSCRIBER GROUP

LEGAL NAME OF OWNER Consolidated Com			Services			S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
THIR	TEENTH	SUBSCRIBER GRO		FO	URTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		=						Base Rate Fee
								and
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Total DSEs	<u> </u>		0.00	Total DSEs		Н	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GRO	UP	!	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
e Third G	roup e base rat	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	

Name	4STEM ID# 61985				Services			LEGAL NAME OF OWNE Consolidated Con
		RIBER GROUP	SUBSCR	TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GROU	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-	-	
Syndicated Exclusivity								
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for								
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	0.00		1	Total DSEs	0.00		1	Total DSEs
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	IP	SUBSCRIBER GROU	VENTIETH	T	JP	SUBSCRIBER GROU	NTEENTH	NIN
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	0.00	\$		Total DSEs		\$	Group	

NI	YSTEM ID# 61985	S			Services	tions Enterprise t	R OF CABL	Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Total DSEs	0.00	SUBSCRIBER GROUND CALL SIGN	DSE	TWENT COMMUNITY/ AREA CALL SIGN Fotal DSEs

	61985	SY			Services	ions Enterprise		LEGAL NAME OF OWNE Consolidated Con
	ID.			FEES FOR EACH				
1	0	SUBSCRIBER GROU	Y-SIX I H	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIF I H	COMMUNITY/ AREA
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Name	YSTEM ID# 61985				Services			LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	Y-NINTH	
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Name	YSTEM ID# 61985	S`			Services			LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	ry-third	
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Nonpermitted 3.75 Stations

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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
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Name	YSTEM ID# 61985	S			Services	tions Enterprise S	nmunicat	LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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Name	YSTEM ID# 61985				Services			LEGAL NAME OF OWNE Consolidated Con
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	JP 0	SUBSCRIBER GROU	'-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
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	JP 0	SUBSCRIBER GROU	'-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
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Name	YSTEM ID# 61985				Services	tions Enterprise s	nmunicat	Consolidated Con
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 61985				Services	tions Enterprise S		LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 61985				Services			LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	FOUP SEVENTH	Base Rate Fee First G SIXTY-S COMMUNITY/ AREA
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	FOUP SEVENTH	Base Rate Fee First G SIXTY-S COMMUNITY/ AREA
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	FOUP SEVENTH	Base Rate Fee First G SIXTY-S COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	FOUP SEVENTH	Base Rate Fee First G SIXTY-S COMMUNITY/ AREA
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Name	YSTEM ID# 61985	S'			Services			LEGAL NAME OF OWNE Consolidated Con
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Name	YSTEM ID# 61985				Services	tions Enterprise S	nmunicat	Consolidated Com
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Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00 JP DSE 0.00	\$ I SUBSCRIBER GROU	d Group	SEVEI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROUND CALL SIGN	TY-FIFTH DSE	SEVEN' COMMUNITY/ AREA CALL SIGN Total DSEs
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Name	YSTEM ID# 61985				Services	tions Enterprise S		LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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Name	YSTEM ID# 61985				Services	tions Enterprise \$		LEGAL NAME OF OWNE Consolidated Con
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Name	YSTEM ID# 61985	S'			Services			LEGAL NAME OF OWNE Consolidated Con
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Name	YSTEM ID# 61985	S)			Services	tions Enterprise S		LEGAL NAME OF OWNE Consolidated Con
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Name	YSTEM ID# 61985	S			Services			LEGAL NAME OF OWNE Consolidated Con
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9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	ry-third	
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LEGAL NAME OF OWNE Consolidated Con			Services			S	YSTEM ID# 61985	Name
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Name	YSTEM ID# 61985				Services	tions Enterprise S		LEGAL NAME OF OWNE Consolidated Com	
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Name	YSTEM ID# 61985				Services			LEGAL NAME OF OWNE Consolidated Con	
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LEGAL NAME OF OWNE Consolidated Con			Services			S	YSTEM ID# 61985	Name
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 61985	S			Services			LEGAL NAME OF OWNE Consolidated Com	
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