

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**

Return completed workbook by email to:

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

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

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/28/2022	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2021/2</b>																											
<b>B</b> Owner	<p><b>Instructions:</b>                  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.                  List any other name or names under which the owner conducts the business of the cable system.                  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <span style="float: right;"><b>34166</b></span></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>  <b>Armstrong Utilities, Inc.</b></p> <p style="text-align: right;"><b>34166202112</b> <b>34166 2021/2</b></p> <p><b>One Armstrong Place</b>  <b>Butler, PA 16001</b></p>																											
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2"><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Zelienople Head End</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"> <b>MAILING ADDRESS OF CABLE SYSTEM:</b>  <b>531 Perry Way PO Box 40</b>  <small>(Number, street, rural route, apartment, or suite number)</small>  <b>Zelienople, PA 16063</b>  <small>(City, town, state, zip code)</small> </td> </tr> </table>			1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Zelienople Head End</b>		2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>531 Perry Way PO Box 40</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>Zelienople, PA 16063</b> <small>(City, town, state, zip code)</small>																				
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<b>D</b> Area Served  First Community  Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="2">STATE</td> </tr> <tr> <td><b>ADAMS TWP - BUTLER COUNTY</b></td> <td colspan="2"><b>PA</b></td> </tr> <tr> <td colspan="3">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </table>			CITY OR TOWN	STATE		<b>ADAMS TWP - BUTLER COUNTY</b>	<b>PA</b>		Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>		SYSTEM ID# <b>34166</b>		
<p><b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p><b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>				<b>D</b> Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
ADAMS TWP - BUTLER COUNTY	PA	12	AL	
ALLEGHENY TWP - BUTLER COUNTY	PA	19	AQ	
ALLEGHENY TWP - FOREST COUNTY	PA	15	AO	
ALLENPORT BORO - WASHINGTON COUNTY	PA	9	AI	
ALTHOM - WARREN COUNTY	PA	16	AO	
AMITY TOWNSHIP - ERIE COUNTY	PA	27	AT	
ANDOVER TWP - ASHTABULA COUNTY	OH	6	AF	
ANDOVER VILLAGE - ASHTABULA COUNTY	OH	6	AF	
ATHALIA BORO - LAWRENCE COUNTY	OH	13	AM	
ATHENS TOWNSHIP - CRAWFORD COUNTY	PA	23	AS	
AUSTINTOWN TWP - MAHONING COUNTY	OH	18	AP	
BAUGHMAN TWP - WAYNE COUNTY	OH	11	AK	
BEAVER TWP - MAHONING COUNTY	OH	17	AP	
BENNINGTON TOWNSHIP - MORROW COUNTY	OH	28	AV	
BERLIN TWP - MAHONING COUNTY	OH	18	AP	
BIG BEAVER BORO - BEAVER COUNTY	PA	12	AL	
BLOOMING GROVE TWP - RICHLAND COUNTY	OH	12	AN	
BLOOMING VALLEY BORO - CRAWFORD COUNTY	PA	14	AS	
BOARDMAN TWP - MAHONING COUNTY	OH	23	AP	
BOONE COUNTY - LINCOLN COUNTY	WV	17	AH	
BORO OF BARKEYVILLE - VENANGO COUNTY	PA	8	AQ	
BORO OF CALIFORNIA - WASHINGTON COUNTY	PA	20	AI	
BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNTY	PA	9	AT	
BORO OF ELLWOOD CITY - LAWRENCE COUNTY	PA	27	AL	
BOROUGH OF EDINBORO - ERIE COUNTY	PA	12	AT	
BOROUGH OF TOWNVILLE - CRAWFORD COUNTY	PA	27	AT	
BOROUGH OF VENANGO - CRAWFORD COUNTY	PA	27	AT	
BOROUGH OF WOODCOCK - CRAWFORD COUNTY	PA	27	AT	
BOYD COUNTY - BOYD COUNTY	KY	13	AM	
BRADFORDWOODS BORO - ALLEGHENY COUNTY	PA	12	AL	
BRADY TWP - BUTLER COUNTY	PA	12	AL	
BRADY TWP - BUTLER COUNTY	PA	19	AQ	
BRADYS BEND TWP - ARMSTRONG COUNTY	PA	12	AL	
BRANCH - LINCOLN COUNTY	WV	8	AH	
BRIGHTON TWP - LORAIN COUNTY	OH	14	AN	
BROKENSTRAW TWP - WARREN COUNTY	PA	16	AO	
BROWNHELM TWP - LORAIN COUNTY	OH	14	AN	
BRUIN BORO - BUTLER COUNTY	PA	12	AL	
BRUNSWICK HILLS TWP - MEDINA COUNTY	OH	10	AJ	
BUFFALO TWP - BUTLER COUNTY	PA	12	AL	
BULLSKIN TWP - FAYETTE COUNTY	PA	9	AI	
BUTLER CITY - BUTLER COUNTY	PA	12	AL	
BUTLER TWP - BUTLER COUNTY	PA	12	AL	

First  
Community

See instructions for  
additional information  
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Add rows as necessary.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>		SYSTEM ID# <b>34166</b>		
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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	<p>First Community</p> <p>See instructions for additional information on alphabetization.</p> <p>Add rows as necessary.</p>
BUTLER TWP - RICHLAND COUNTY	OH	14	AN	
CABELL COUNTY - CABELL COUNTY	WV	8	AH	
CALLENSBURG - CLARION COUNTY	PA	12	AL	
CALLERY BORO - BUTLER COUNTY	PA	12	AL	
CAMBRIDGE TWP - CRAWFORD COUNTY	PA	23	AS	
CAMDEN TWP - LORAIN COUNTY	OH	14	AN	
CANAAN TWP - WAYNE COUNTY	OH	14	AN	
CANAL TWP - VENANGO COUNTY	PA	26	AS	
CANFIELD TWP - MAHONING COUNTY	OH	17	AP	
CASS TWP - RICHLAND COUNTY	OH	14	AN	
CENTER TWP - BUTLER COUNTY	PA	12	AL	
CENTERVILLE BORO - CRAWFORD COUNTY	PA	16	AO	
CENTERVILLE BORO - WASHINGTON COUNTY	PA	9	AI	
CHATAM TWP - MEDINA COUNTY	OH	14	AN	
CHERRY TWP - BUTLER COUNTY	PA	12	AL	
CHERRY TWP - BUTLER COUNTY	PA	19	AQ	
CHERRYTREE - VENANGO COUNTY	PA	15	AO	
CHESAPEAKE VILLAGE - LAWRENCE COUNTY	OH	13	AM	
CHESTER TOWNSHIP - MORROW COUNTY	OH	28	AV	
CHESTER TWP - WAYNE COUNTY	OH	14	AN	
CHICORA BORO - BUTLER COUNTY	PA	12	AL	
CHIPPEWA TWP - WAYNE COUNTY	OH	11	AK	
CITY OF ASHLAND - ASHLAND COUNTY	OH	14	AN	
CITY OF CAMPBELL - MAHONING COUNTY	OH	17	AP	
CITY OF CANFIELD - MAHONING COUNTY	OH	18	AP	
CITY OF CATLETTSBURG - BOYD COUNTY	KY	13	AM	
CITY OF CEREDO - WAYNE COUNTY	WV	13	AM	
CITY OF CONNELLSVILLE - FAYETTE COUNTY	PA	9	AI	
CITY OF FLATWOODS - GREENUP COUNTY	KY	1	AA	
CITY OF GREENUP - GREENUP COUNTY	KY	1	AA	
CITY OF KECKSBURG - WESTMORELAND COUNTY	PA	9	AI	
CITY OF KENOVA - WAYNE COUNTY	WV	13	AM	
CITY OF MEADVILLE - CRAWFORD COUNTY	PA	23	AS	
CITY OF WURLAND - GREENUP COUNTY	KY	1	AA	
CLARKSFIELD TWP - HURON COUNTY	OH	14	AN	
CLAY TWP - BUTLER COUNTY	PA	12	AL	
CLAY TWP - BUTLER COUNTY	PA	19	AQ	
CLEAR CREEK TWP - ASHLAND COUNTY	OH	14	AN	
CLEARFIELD TWP - BUTLER COUNTY	PA	12	AL	
CLINTON TWP - BUTLER COUNTY	PA	12	AL	
CLINTON TWP - VENANGO COUNTY	PA	20	AQ	
CLINTONVILLE BORO - VENANGO COUNTY	PA	20	AQ	
COAL CENTER BORO - WASHINGTON COUNTY	PA	9	AI	

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
COCHRANTON BORO - CRAWFORD COUNTY	PA	23	AS
COITSVILLE TWP - MAHONING COUNTY	OH	17	AP
COLUMBIA TWP - LORAIN COUNTY	OH	10	AJ
CONCORD TWP - BUTLER COUNTY	PA	12	AL
CONGRESS TOWNSHIP - MORROW COUNTY	OH	28	AV
CONGRESS TOWNSHIP 2 - MORROW COUNTY	OH	28	AV
CONGRESS TWP - WAYNE COUNTY	OH	14	AN
CONNEAUT LAKE BORO - CRAWFORD COUNTY	PA	23	AS
CONNEAUT TWP - CRAWFORD COUNTY	PA	23	AS
CONNELLSVILLE TWP - FAYETTE COUNTY	PA	9	AI
CONNOQUENESSING BORO - BUTLER COUNTY	PA	12	AL
CONNOQUENESSING TWP - BUTLER COUNTY	PA	12	AL
COOLSPRING TWP - MERCER COUNTY	PA	22	AR
COOPERSTOWN BORO - VENANGO COUNTY	PA	26	AS
CORNPLANTER TWP - VENANGO COUNTY	PA	15	AO
CRANBERRY TWP - BUTLER COUNTY	PA	12	AL
CRANBERRY TWP - VENANGO COUNTY	PA	4	AD
CROWN CITY BORO - GALLIA COUNTY	OH	13	AM
CUSSEWAGO TWP - CRAWFORD COUNTY	PA	23	AS
DALTON VILLAGE - WAYNE COUNTY	OH	11	AK
DAUGHERTY TWP - BEAVER COUNTY	PA	12	AL
DEER CREEK TWP - MERCER COUNTY	PA	21	AR
DEERFIELD TWP - WARREN COUNTY	PA	16	AO
DODDRIDGE COUNTY - DODDRIDGE COUNTY	WV	7	AG
DONEGAL TWP - BUTLER COUNTY	PA	12	AL
DONEGAL TWP - WESTMORELAND COUNTY	PA	9	AI
DUNBAR BORO - FAYETTE COUNTY	PA	9	AI
DUNBAR TWP - FAYETTE COUNTY	PA	9	AI
DUNLEVY BORO - WASHINGTON COUNTY	PA	9	AI
EAST BRADY BORO - CLARION COUNTY	PA	12	AL
EAST BUTLER BORO - BUTLER COUNTY	PA	12	AL
EAST FAIRFIELD TWP - CRAWFORD COUNTY	PA	23	AS
EAST FALLOWFIELD TWP - CRAWFORD COUNTY	PA	23	AS
EAST HUNTINGDON TWP - WESTMORELAND COUNTY	PA	23	AI
EAST LACKAWANOCK TWP - MERCER COUNTY	PA	9	AR
EAST MEAD TWP - CRAWFORD COUNTY	PA	22	AS
EAST UNION TWP - WAYNE COUNTY	OH	23	AK
EAU CLAIRE - BUTLER COUNTY	PA	11	AQ
ELCO BORO - WASHINGTON COUNTY	PA	19	AI
ELK CREEK TOWNSHIP - ERIE COUNTY	PA	9	AT
ELLPORT BORO - LAWRENCE COUNTY	PA	27	AL
ELLSWORTH TWP - MAHONING COUNTY	OH	12	AP
EVANS CITY BORO - BUTLER COUNTY	PA	18	AL

**D**  
Area  
Served

First  
Community

See instructions for  
additional information  
on alphabetization.

Add rows as necessary.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
EVERSON BORO - FAYETTE COUNTY	PA	9	AI
FAIRFIELD TWP - CRAWFORD COUNTY	PA	23	AS
FAIRVIEW BORO - BUTLER COUNTY	PA	12	AL
FAIRVIEW TWP - BUTLER COUNTY	PA	12	AL
FAIRVIEW TWP - MERCER COUNTY	PA	21	AR
FARMINGTON - CLARION COUNTY	PA	4	AD
FAYETTE TWP - LAWRENCE COUNTY	OH	13	AM
FINDLEY TWP - MERCER COUNTY	PA	22	AR
FLORENCE TWP - HURON COUNTY	OH	14	AN
FORWARD TWP - BUTLER COUNTY	PA	12	AL
FRANKLIN TOWNSHIP - ERIE COUNTY	PA	27	AT
FRANKLIN TOWNSHIP - MORROW COUNTY	OH	28	AV
FRANKLIN TWP - BEAVER COUNTY	PA	12	AL
FRANKLIN TWP - BUTLER COUNTY	PA	12	AL
FRANKLIN TWP - FAYETTE COUNTY	PA	9	AI
FRANKLIN TWP - RICHLAND COUNTY	OH	14	AN
FRENCHCREEK - MERCER COUNTY	PA	25	AS
GILEAD TOWNSHIOP - MORROW COUNTY	OH	28	AV
GILEAD TOWNSHIOP 2 - MORROW COUNTY	OH	28	AV
GOSHEN TWP - MAHONING COUNTY	OH	18	AP
GRAFTON TWP - LORAIN COUNTY	OH	10	AJ
GRANGER TWP - MEDINA COUNTY	OH	10	AJ
GREEN TWP - ASHLAND COUNTY	OH	14	AN
GREEN TWP - FOREST COUNTY	PA	4	AD
GREEN TWP - MAHONING COUNTY	OH	17	AP
GREENE TOWNSHIP - ERIE COUNTY	PA	27	AT
GREENE TWP - MERCER COUNTY	PA	24	AS
GREENE TWP - WAYNE COUNTY	OH	11	AK
GREENFIELD TOWNSHIP - ERIE COUNTY	PA	27	AT
GREENUP COUNTY - GREENUP COUNTY	KY	1	AA
GREENWOOD TWP - CRAWFORD COUNTY	PA	23	AS
GROVE CITY BORO - MERCER COUNTY	PA	22	AR
GUILFORD TWP - MEDINA COUNTY	OH	10	AJ
GUYAN TWP - GALLIA COUNTY	OH	13	AM
HAMPTON TWP - ALLEGHENY COUNTY	PA	12	AL
HANOVER TOWNSHIP - ASHLAND COUNTY	OH	14	AN
HARBORCREEK TOWNSHIP - ERIE COUNTY	PA	27	AT
HARMONY BORO - BUTLER COUNTY	PA	12	AL
HARMONY TOWNSHIP - MORROW COUNTY	OH	28	AV
HARMONY TWP - FOREST COUNTY	PA	15	AO
HARRISVILLE BORO - BUTLER COUNTY	PA	19	AQ
HARRISVILLE TWP - MEDINA COUNTY	OH	14	AN
HAYESVILLE VILLAGE - ASHLAND COUNTY	OH	14	AN

First  
Community

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	<p style="text-align: center;">First Community</p> <p>See instructions for additional information on alphabetization.</p> <p>Add rows as necessary.</p>
HAYFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
HENRIETTA TWP - LORAIN COUNTY	OH	14	AN	
HENRY'S BEND - VENANGO COUNTY	PA	15	AO	
HICKORY TWP - FOREST COUNTY	PA	15	AO	
HOMER TWP - MEDINA COUNTY	OH	14	AN	
HOMEWOOD BORO - BEAVER COUNTY	PA	12	AL	
HUBBARD TWP - TRUMBULL COUNTY	OH	18	AP	
HUNTINGTON TWP - LORAIN COUNTY	OH	14	AN	
HYDETOWN - CRAWFORD COUNTY	PA	16	AO	
IRWIN TWP - VENANGO COUNTY	PA	20	AQ	
JACKSON CENTER - MERCER COUNTY	PA	2	AB	
JACKSON TWP - ASHLAND COUNTY	OH	14	AN	
JACKSON TWP - BUTLER COUNTY	PA	12	AL	
JACKSON TWP - MAHONING COUNTY	OH	18	AP	
JACKSON TWP - MERCER COUNTY	PA	2	AB	
JACKSON TWP - MERCER COUNTY	PA	22	AR	
JACKSON TWP - RICHLAND COUNTY	OH	14	AN	
JACKSON TWP - VENANGO COUNTY	PA	26	AS	
JAMESTOWN - MERCER COUNTY	PA	24	AS	
JEFFERSON TWP - BUTLER COUNTY	PA	12	AL	
JEFFERSON TWP - FAYETTE COUNTY	PA	9	AI	
JEFFERSON TWP - SOMERSET COUNTY	PA	3	AC	
JENKS TWP - FOREST COUNTY	PA	4	AD	
KARNS CITY BORO - BUTLER COUNTY	PA	12	AL	
KIASHVILLE - WAYNE COUNTY	WV	8	AH	
KINSMAN - TRUMBULL COUNTY COUNTY	OH	5	AE	
KIPTON VILLAGE - LORAIN COUNTY	OH	5	AN	
KNOX TWP - CLARION COUNTY	PA	14	AD	
KOPPEL BORO - BEAVER COUNTY	PA	4	AL	
LAFAYETTE TWP - MEDINA COUNTY	OH	12	AJ	
LAFAYETTE TWP - MEDINA COUNTY	OH	10	AN	
LAGRANGE TOWNSHIP - LORAIN COUNTY	OH	14	AJ	
LAKE TOWNSHIP - HOLMES COUNTY	OH	10	AN	
LAKE TOWNSHIP - MERCER COUNTY	PA	14	AB	
LANCASTER TWP - BUTLER COUNTY	PA	2	AL	
LAWRENCE TWP - LAWRENCE COUNTY	OH	12	AM	
LE BOEUF TWP - ERIE COUNTY	PA	23	AS	
LEBOEUF TOWNSHIP - ERIE COUNTY	PA	27	AT	
LEEPER - CLARION COUNTY	PA	4	AD	
LIBERTY TWP - MERCER COUNTY	PA	22	AR	
LICKING - CLARION COUNTY	PA	12	AL	
LIMESTONE TWP - WARREN COUNTY	PA	16	AO	
LINCOLN COUNTY - LINCOLN COUNTY	WV	8	AH	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>		SYSTEM ID# <b>34166</b>	
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<b>D Area Served</b>			
<b>First Community</b>			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
LINCOLN TWP - SOMERSET COUNTY	PA	3	AC
LINESVILLE BORO - CRAWFORD COUNTY	PA	23	AS
LITCHFIELD TWP - MEDINA COUNTY	OH	10	AJ
LIVERPOOL TWP - MEDINA COUNTY	OH	10	AJ
LOGAN COUNTY - LOGAN COUNTY	WV	8	AH
LONGBRANCH BORO - WASHINGTON COUNTY	PA	9	AI
MADISON TWP - RICHLAND COUNTY	OH	14	AN
MANSFIELD CITY - RICHLAND COUNTY	OH	14	AN
MARION TWP - BUTLER COUNTY	PA	12	AL
MARION TWP - BUTLER COUNTY	PA	19	AQ
MARS BORO - BUTLER COUNTY	PA	12	AL
MARSHALL TWP - ALLEGHENY COUNTY	PA	12	AL
MARSHALLVILLE - WAYNE COUNTY	OH	11	AK
MCDONALD VILLAGE - TRUMBULL COUNTY	OH	18	AP
MEDINA CITY - MEDINA COUNTY	OH	10	AJ
MEDINA TWP - MEDINA COUNTY	OH	10	AJ
MERCER BORO - MERCER COUNTY	PA	22	AR
MERCER TWP - BUTLER COUNTY	PA	19	AQ
MIDDLE CREEK TWP - SOMERSET COUNTY	PA	3	AC
MIDDLESEX TWP - BUTLER COUNTY	PA	12	AL
MIFFLIN TWP - ASHLAND COUNTY	OH	14	AN
MILFORD - SOMERSET COUNTY	PA	3	AC
MILL CREEK TWP - MERCER COUNTY	PA	2	AB
MILL VILLAGE BORO - ERIE COUNTY	PA	23	AS
MILTON TWP - ASHLAND COUNTY	OH	14	AN
MILTON TWP - MAHONING COUNTY	OH	18	AP
MILTON TWP - WAYNE COUNTY	OH	11	AK
MOHICAN TWP - ASHLAND COUNTY	OH	14	AN
MONROE TWP - RICHLAND COUNTY	OH	14	AN
MONTGOMERY TWP - ASHLAND COUNTY	OH	14	AN
MONTVILLE TWP - MEDINA COUNTY	OH	10	AJ
MOUNT PLEASANT BORO - WESTMORELAND COUNTY	PA	9	AI
MOUNT PLEASANT TWP - WESTMORELAND COUNTY	PA	9	AI
MUDDYCREEK TWP - BUTLER COUNTY	PA	12	AL
NEW BEAVER BORO - LAWRENCE COUNTY	PA	12	AL
NEW CENTERVILLE BORO - SOMERSET COUNTY	PA	3	AC
NEW LEBANON BORO - MERCER COUNTY	PA	2	AB
NEW LONDON TWP - HURON COUNTY	OH	14	AN
NEW RUSSIA TWP - LORAIN COUNTY	OH	14	AN
NEW SEWICKLEY TWP - BEAVER COUNTY	PA	12	AL
NEW VERNON TWP - MERCER COUNTY	PA	21	AR
NEW WILMINGTON BORO - LAWRENCE COUNTY	PA	19	AQ
NEWELL BORO - FAYETTE COUNTY	PA	9	AI

See instructions for additional information on alphabetization.

Add rows as necessary.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
NORTH BEAVER TWP - LAWRENCE COUNTY	PA	12	AL	
NORTH BLOOMFIELD TOWNSHIP - MORROW COUNTY	OH	28	AV	
NORTH EAST TOWNSHIP - ERIE COUNTY	PA	27	AT	
NORTH SEWICKLEY TWP - BEAVER COUNTY	PA	12	AL	
NORTH SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
NORTH UNION TWP - FAYETTE COUNTY	PA	9	AI	
OAKLAND TWP - BUTLER COUNTY	PA	12	AL	
OAKLAND TWP - VENANGO COUNTY	PA	15	AO	
OBERLIN CITY - LORAIN COUNTY	OH	14	AN	
OIL CREEK - VENANGO COUNTY	PA	15	AO	
ORANGE TWP - ASHLAND COUNTY	OH	14	AN	
ORRVILLE - WAYNE COUNTY	OH	11	AK	
OTTER CREEK TWP - MERCER COUNTY	PA	21	AR	
PAINT - CLARION COUNTY	PA	4	AD	
PAINT TOWNSHIP - WAYNE COUNTY	OH	11	AK	
PARKER TWP - BUTLER COUNTY	PA	12	AL	
PENFIELD TWP - LORAIN COUNTY	OH	10	AJ	
PENFIELD TWP - LORAIN COUNTY	OH	14	AN	
PENN TWP - BUTLER COUNTY	PA	12	AL	
PENNSBORO - RITCHIE COUNTY	WV	7	AG	
PERRY TOWNSHIP - ASHLAND COUNTY	OH	14	AN	
PERRY TOWNSHIP - MORROW COUNTY	OH	28	AV	
PERRY TWP - ARMSTRONG COUNTY	PA	12	AL	
PERRY TWP - ASHLAND COUNTY	OH	14	AN	
PERRY TWP - LAWRENCE COUNTY	PA	12	AL	
PERRY TWP - LAWRENCE COUNTY	OH	13	AM	
PERRY TWP - MERCER COUNTY	PA	21	AR	
PETROLIA BORO - BUTLER COUNTY	PA	12	AL	
PINE GROVE TWP - VENANGO COUNTY	PA	4	AD	
PINE TWP - ALLEGHENY COUNTY	PA	12	AL	
PINE TWP - CRAWFORD COUNTY	PA	23	AS	
PINE TWP - MERCER COUNTY	PA	22	AR	
PITTSFIELD TOWNSHIP - LORAIN COUNTY	OH	10	AJ	
PITTSFIELD TWP - LORAIN COUNTY	OH	14	AN	
PLAIN GROVE TWP - LAWRENCE COUNTY	PA	19	AQ	
PLAIN TWP - WAYNE COUNTY	OH	14	AN	
PLEASANT TWP - WARREN COUNTY	PA	16	AO	
PLEASANTS COUNTY - PLEASANTS COUNTY	WV	7	AG	
PLEASANTVILLE - VENANGO COUNTY	PA	15	AO	
PLUM TWP - VENANGO COUNTY	PA	15	AO	
PLUMER - VENANGO COUNTY	PA	15	AO	
POLAND TWP - MAHONING COUNTY	OH	17	AP	
POLAND VILLAGE - MAHONING COUNTY	OH	17	AP	

First  
Community

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Add rows as necessary.



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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	<p style="text-align: center;">First Community</p> <p>See instructions for additional information on alphabetization.</p> <p>Add rows as necessary.</p>
PORTERSVILLE BORO - BUTLER COUNTY	PA	12	AL	
PRESIDENT - VENANGO COUNTY	PA	4	AD	
PRESIDENT TWP - VENANGO COUNTY	PA	15	AO	
PROCTORVILLE VILLAGE - LAWRENCE COUNTY	OH	13	AM	
PROSPECT BORO - BUTLER COUNTY	PA	12	AL	
RANDOLPH TWP - CRAWFORD COUNTY	PA	23	AS	
RANGER - LINCOLN COUNTY	WV	8	AH	
RICHLAND TWP - ALLEGHENY COUNTY	PA	12	AL	
RICHMOND TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
RICHMOND TWP - ASHTABULA COUNTY	OH	6	AF	
RICHMOND TWP - CRAWFORD COUNTY	PA	23	AS	
RITCHIE COUNTY - RITCHIE COUNTY	WV	7	AG	
ROCHESTER TWP - LORAIN COUNTY	OH	14	AN	
ROCHESTER VILLAGE - LORAIN COUNTY	OH	14	AN	
ROCKDALE TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
ROCKLAND TWP - VENANGO COUNTY	PA	20	AQ	
ROCKMERE - NO SUBS COUNTY	PA	4	AD	
ROME TOWNSHIP - CRAWFORD COUNTY	PA	23	AS	
ROME TWP - CRAWFORD COUNTY	PA	16	AO	
ROME TWP - LAWRENCE COUNTY	OH	13	AM	
ROSCOE BORO - WASHINGTON COUNTY	PA	9	AI	
RUGGLES TWP - ASHLAND COUNTY	OH	14	AN	
S CONNELLSVILLE BORO - FAYETTE COUNTY	PA	9	AI	
S SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
SADSBURY TWP - CRAWFORD COUNTY	PA	23	AS	
SAEGERTOWN BORO - CRAWFORD COUNTY	PA	23	AS	
SALT LICK TWP - FAYETTE COUNTY	PA	3	AC	
SALT LICK TWP - FAYETTE COUNTY	PA	9	AI	
SANDY CREEK TWP - MERCER COUNTY	PA	21	AR	
SANDY LAKE BORO - MERCER COUNTY	PA	2	AB	
SANDY LAKE TWP - MERCER COUNTY	PA	2	AB	
SAXONBURG BORO - BUTLER COUNTY	PA	12	AL	
SCOTSDALE BORO - WESTMORELAND COUNTY	PA	9	AI	
SEVEN FIELDS BORO - BUTLER COUNTY	PA	12	AL	
SHARON TOWNSHIP - MEDINA COUNTY	OH	10	AJ	
SHEAKLEYVILLE BORO - MERCER COUNTY	PA	21	AR	
SHENANGO TWP - LAWRENCE COUNTY	PA	12	AL	
SLIPPERY ROCK BORO - BUTLER COUNTY	PA	19	AQ	
SLIPPERY ROCK TWP - BUTLER COUNTY	PA	19	AQ	
SLIPPERY ROCK TWP - LAWRENCE COUNTY	PA	12	AL	
SMITH TWP - MAHONING COUNTY	OH	18	AP	
SMITHBURG - DODDRIDGE COUNTY	WV	7	AG	
SOMERSET - SOMERSET COUNTY	PA	3	AC	

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
SOMERSET 7 SPRINGS NEW - SOMERSET COUNTY	PA	3	AC	
SOUTH BLOOMFIELD TOWNSHIP - MORROW COUNTY	OH	28	AV	
SOUTH HUNTINGDON TWP - WESTMORELAND COUNTY	PA	9	AI	
SOUTH POINT VILLAGE - LAWRENCE COUNTY	OH	13	AM	
SOUTH SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
SOUTHWEST TWP - WARREN COUNTY	PA	16	AO	
SPENCER TWP - MEDINA COUNTY	OH	10	AJ	
SPENCER TWP - MEDINA COUNTY	OH	14	AN	
SPRINGFIELD TWP - FAYETTE COUNTY	PA	9	AI	
SPRINGFIELD TWP - MAHONING COUNTY	OH	17	AP	
SPRINGFIELD TWP - MERCER COUNTY	PA	22	AR	
SPRINGFIELD TWP - RICHLAND COUNTY	OH	14	AN	
STEBEN TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
STEBEN TWP - CRAWFORD COUNTY	PA	16	AO	
STEBEN TWP - CRAWFORD COUNTY	PA	23	AS	
STOCKDALE BORO - WASHINGTON COUNTY	PA	9	AI	
STONEBORO BORO - MERCER COUNTY	PA	2	AB	
SUGAR GROVE TWP - MERCER COUNTY	PA	22	AR	
SUGARCREEK - ARMSTRONG COUNTY	PA	12	AL	
SUGARCREEK BORO - VENANGO COUNTY	PA	26	AS	
SUGARCREEK TWP - WAYNE COUNTY	OH	11	AK	
SULLIVAN TWP - ASHLAND COUNTY	OH	14	AN	
SUMMERHILL TWP - CRAWFORD COUNTY	PA	16	AO	
SUMMIT TWP - BUTLER COUNTY	PA	12	AL	
SUMMIT TWP - CRAWFORD COUNTY	PA	23	AS	
TAYLOR TWP - LAWRENCE COUNTY	PA	12	AL	
TIDIOUTE - WARREN COUNTY	PA	16	AO	
TIONESTA BORO - FOREST COUNTY	PA	4	AD	
TIONESTA TWP - FOREST COUNTY	PA	4	AD	
TITUSVILLE CITY - CRAWFORD COUNTY	PA	16	AO	
TOWN OF CAIRO - RITCHIE COUNTY	WV	7	AG	
TOWN OF ELLENBORO - RITCHIE COUNTY	WV	7	AG	
TOWN OF HAMLIN - LINCOLN COUNTY	WV	8	AH	
TOWN OF HARRISVILLE - RITCHIE COUNTY	WV	7	AG	
TOWN OF WEST HAMLIN - LINCOLN COUNTY	WV	8	AH	
TOWNSHIP OF CAMBRIDGE - CRAWFORD COUNTY	PA	27	AT	
TOWNSHIP OF MCKEAN - ERIE COUNTY	PA	27	AT	
TOWNVILLE - CRAWFORD COUNTY	PA	23	AS	
TREESDALE - ALLEGHENY COUNTY	PA	12	AL	
TRIUMPH TWP - WARREN COUNTY	PA	16	AO	
TROY TOWNSHIP - ASHLAND COUNTY	OH	14	AN	
TROY TOWNSHIP - MORROW COUNTY	OH	28	AV	
TROY TWP - ASHLAND COUNTY	OH	14	AN	

First  
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Add rows as necessary.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	<p style="text-align: center;">First Community</p> <p>See instructions for additional information on alphabetization.</p> <p>Add rows as necessary.</p>
TROY TWP - CRAWFORD COUNTY	PA	16	AO	
UNION TWP - CRAWFORD COUNTY	PA	23	AS	
UNION TWP - LAWRENCE COUNTY	OH	13	AM	
UPPER TURKEYFOOT - SOMERSET COUNTY	PA	3	AC	
UPPER TYRONE TWP - FAYETTE COUNTY	PA	9	AI	
UTICA BORO - VENANGO COUNTY	PA	26	AS	
VALENCIA BORO - BUTLER COUNTY	PA	12	AL	
VANDERBILT BORO - FAYETTE COUNTY	PA	9	AI	
VENANGO TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
VENANGO TOWNSHIP - ERIE COUNTY	PA	27	AT	
VENANGO TWP - BUTLER COUNTY	PA	12	AL	
VENANGO TWP - BUTLER COUNTY	PA	19	AQ	
VENANGO TWP - ERIE COUNTY	PA	23	AS	
VERMILLION TWP - ASHLAND COUNTY	OH	14	AN	
VERNON TWP - CRAWFORD COUNTY	PA	23	AS	
VERNON TWP - TRUMBULL COUNTY COUNTY	OH	5	AE	
VICTORY TWP - VENANGO COUNTY	PA	19	AQ	
VOLANT BORO - LAWRENCE COUNTY	PA	19	AQ	
W SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
WAKEMAN TWP - HURON COUNTY	OH	14	AN	
WAMPUM BORO - LAWRENCE COUNTY	PA	12	AL	
WASHINGTON - CLARION COUNTY	PA	4	AD	
WASHINGTON TOWNSHIP - ERIE COUNTY	PA	27	AT	
WASHINGTON TOWNSHIP - MORROW COUNTY	OH	28	AV	
WASHINGTON TWP - BUTLER COUNTY	PA	12	AL	
WASHINGTON TWP - LAWRENCE COUNTY	PA	19	AQ	
WASHINGTON TWP - RICHLAND COUNTY	OH	14	AN	
WATERFORD TOWNSHIP - ERIE COUNTY	PA	27	AT	
WATSON TWP - WARREN COUNTY	PA	16	AO	
WATTSBURG BORO - ERIE COUNTY	PA	23	AS	
WAYNE TOWNSHIP - MORROW COUNTY	OH	28	AV	
WAYNE TWP - CRAWFORD COUNTY	PA	23	AS	
WAYNE TWP - LAWRENCE COUNTY	PA	12	AL	
WEATHERSFIELD TWP - TRUMBULL COUNTY	OH	18	AP	
WELLER TWP - RICHLAND COUNTY	OH	14	AN	
WELLINGTON TOWNSHIP - LORAIN COUNTY	OH	10	AJ	
WELLINGTON TWP - LORAIN COUNTY	OH	14	AN	
WEST BROWNSVILLE BORO - WASHINGTON COUNTY	PA	9	AI	
WEST DEER TWP - ALLEGHENY COUNTY	PA	12	AL	
WEST FALLOWFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
WEST FRANKLIN TWP - ARMSTRONG COUNTY	PA	12	AL	
WEST LIBERTY BORO - BUTLER COUNTY	PA	19	AQ	
WEST MEAD TWP - CRAWFORD COUNTY	PA	23	AS	



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				<b>SYSTEM ID#</b> <b>34166</b>	
<b>E</b>  <b>Secondary Transmission Service: Sub- scribers and Rates</b>	<p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  <b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).  <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).  <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.  <b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."  <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
<b>Residential:</b> <ul style="list-style-type: none"> <li>• Service to first set</li> <li>• Service to additional set(s)</li> <li>• FM radio (if separate rate)</li> </ul> <b>Motel, hotel</b> <b>Commercial</b> <b>Converter</b> <ul style="list-style-type: none"> <li>• Residential</li> <li>• Non-residential</li> </ul>	<b>137,785</b>	<b>\$ 37.95</b>				
<b>F</b>  <b>Services Other Than Secondary Transmissions: Rates</b>	<p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>  <b>In General:</b> 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.  <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>Continuing Services:</b> <ul style="list-style-type: none"> <li>• Pay cable</li> <li>• Pay cable—add'l channel</li> <li>• Fire protection</li> <li>• Burglar protection</li> </ul> <b>Installation: Residential</b> <ul style="list-style-type: none"> <li>• First set</li> <li>• Additional set(s)</li> <li>• FM radio (if separate rate)</li> <li>• Converter</li> </ul>	<b>\$ 20.95</b> <b>\$17.95/14.95</b>	<b>Installation: Non-residential</b> <ul style="list-style-type: none"> <li>• Motel, hotel</li> <li>• Commercial</li> <li>• Pay cable</li> <li>• Pay cable-add'l channel</li> <li>• Fire protection</li> <li>• Burglar protection</li> </ul> <b>Other services:</b> <ul style="list-style-type: none"> <li>• Reconnect</li> <li>• Disconnect</li> <li>• Outlet relocation</li> <li>• Move to new address</li> </ul>	<b>\$ 20.00</b>			

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<p style="font-size: 2em; font-weight: bold;">G</p> <p><b>Primary Transmitters: Television</b></p>		
<b>CHANNEL LINE-UP AA</b>					
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
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-DT2-HD	8.2	I-M			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WKAS-DT2	26.2	E-M			Ashland, KY
WKAS-DT2-HD	26.4	E-M			Ashland, KY
WKAS-DT4	26.4	E-M			Ashland, KY
WKAS-HD	26.2	E-M			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AA</b>					
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
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston, WV
WVPB	34	E			Huntington, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
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**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 [section: 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
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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

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

G

**Primary Transmitters: Television**

**CHANNEL LINE-UP AA**

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
<b>WVPB-DT2</b>	<b>34.2</b>	<b>E</b>			<b>Huntington, WV</b>
<b>WVPB-HD</b>	<b>34.1</b>	<b>E</b>			<b>Huntington, WV</b>



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AB</b>					
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
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WPCB	50	I	Yes	O	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	O	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E	Yes	O	Pittsburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittsburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	14.4	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	14.5	E-M	Yes	E	Pittsburgh, PA
WQED-HD	13.1	E	Yes	E	Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AB</b>					
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
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.6	I-M			Youngstown, OH
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AC</b>					
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
WATM	23	N			Pittsburgh, PA
WATM-DT3	23.3	I-M			Pittsburgh, PA
WATM-DT4	23.4	I-M			Pittsburgh, PA
WATM-HD	23.1	N			Pittsburgh, PA
WJAC	34	N			Johnstown, PA
WJAC-CW-HD	34.4	I-M			Johnstown, PA
WJAC-DT2	34.2	I-M			Johnstown, PA
WJAC-DT3	34.3	I-M			Johnstown, PA
WJAC-DT4	34.4	I-M			Johnstown, PA
WJAC-HD	34.1	N			Johnstown, PA
WPCB	50	I	Yes	O	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E			Pittsburgh, PA
WQED-HD	13.1	E			Pittsburgh, PA
WTAJ	32	N			Altoona, PA
WTAJ-DT2	32.2	I-M			Altoona, PA
WTAJ-DT3	32.3	I-M			Altoona, PA
WTAJ-DT4	32.4	I-M			Altoona, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID# 34166</b>	Name
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**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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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

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

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

**G**

**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AC**

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
WTAJ-HD	32.1	I-M			Altoona, PA
WWCP	8.1	I			Johnstown, PA
WWCP-DT3	8.3	I-M			Johnstown, PA
WWCP-DT4	8.4	I-M			Johnstown, PA
WWCP-HD	8.1	I			Johnstown, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AD</b>					
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
<b>KDKA</b>	<b>25</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>KDKA-DT2</b>	<b>25.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>KDKA-HD</b>	<b>25.1</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>WINP</b>	<b>38</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WINP-DT2</b>	<b>38.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WINP-HD</b>	<b>38.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPCB-HD</b>	<b>50.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCB-DT2</b>	<b>50.2</b>	<b>I-M</b>			<b>Jeanette, PA</b>
<b>WPCB-HD</b>	<b>50.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW</b>	<b>19</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW-HD</b>	<b>19.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPGH</b>	<b>53</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT2</b>	<b>53.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT3</b>	<b>53.3</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-HD</b>	<b>53.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT</b>	<b>22</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT-DT2</b>	<b>22.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPNT-DT3</b>	<b>22.3</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>  <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">G</div> <b>Primary Transmitters: Television</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AD</b>					
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
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittsburgh, PA
WQED-DT2	13.2	E-M			Pittsburgh, PA
WQED-DT3	13.3	E-M			Pittsburgh, PA
WQED-DT4	14.4	E-M			Pittsburgh, PA
WQED-DT5	14.5	E-M			Pittsburgh, PA
WQED-HD	13.1	E			Pittsburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AE</b>					
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
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WNEO-DT2	45.2	E			Alliance OH
WNEO-DT3	45.3	E			Alliance OH
WNEO-HD	45	E			Alliance OH
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.6	I-M			Youngstown, OH
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AF</b>					
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
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH

G

Primary Transmitters: Television



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <b>Primary Transmitters: Television</b>		
<b>CHANNEL LINE-UP AF</b>					
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
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WNEO-HD	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	E			Cleveland, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AF</b>					
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
<b>WVPX</b>	<b>23</b>	<b>I</b>			<b>Akron, OH</b>

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AG</b>					
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
WBOY	12.1	N			Clarksburg, WV
WBOY-DT2	12.2	N			Clarksburg, WV
WBOY-DT2-HD	12.2	N			Clarksburg, WV
WBOY-DT3	12.3	I-M			Clarksburg, WV
WBOY-DT4	12.4	I-M			Clarksburg, WV
WBOY-HD	12.1	N			Clarksburg, WV
WDTV	5	N			Weston, WV
WDTV-DT2	5.2	I-M			Weston, WV
WDTV-DT3	5.3	I-M			Weston, WV
WDTV-DT4	5.4	I-M			Weston, WV
WDTV-HD	5.1	N			Weston, WV
WNPB	33	E			Morgantown, WV
WNPB-HD	33.1	E			Morgantown, WV
WTAP	49	N			Parkersburg, WV
WTAP-HD	49.1	N			Parkersburg, WV
WVFX	10	I			Clarksburg, WV
WVFX-DT2	46.2	I-M			Clarksburg, WV
WVFX-DT2-HD	46.2	I-M			Clarksburg, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				<b>SYSTEM ID# 34166</b>		Name	
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<b>CHANNEL LINE-UP AG</b>							
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		
<b>WVFX-DT3</b>	<b>46.3</b>	<b>I-M</b>			<b>Clarksburg, WV</b>		
<b>WVFX-HD</b>	<b>46.1</b>	<b>I</b>			<b>Clarksburg, WV</b>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AH</b>					
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
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-DT2-HD	8.2	I-M			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WKAS-DT2	26.2	E-M			Ashland, KY
WKAS-DT2-HD	26.4	E-M			Ashland, KY
WKAS-DT4	26.4	E-M			Ashland, KY
WKAS-HD	26.2	E-M			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <b>Primary Transmitters: Television</b>		
<b>CHANNEL LINE-UP AH</b>					
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
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WLPX	39	I			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AH</b>					
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
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston, WV
WVPB	34	E			Huntington, WV
WVPB-DT2	34.2	E			Huntington, WV
WVPB-HD	34.1	E			Huntington, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<b>G</b>  <b>Primary Transmitters: Television</b>		
<b>CHANNEL LINE-UP AI</b>					
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
<b>KDKA</b>	<b>25</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>KDKA-DT2</b>	<b>25.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>KDKA-HD</b>	<b>25.1</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>WINP</b>	<b>38</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WINP-DT2</b>	<b>38.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WINP-HD</b>	<b>38.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WNPB</b>	<b>33</b>	<b>E</b>			<b>Morgantown, WV</b>
<b>WPCB-HD</b>	<b>50.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCB-DT2</b>	<b>50.2</b>	<b>I-M</b>			<b>Jeanette, PA</b>
<b>WPCB-HD</b>	<b>50.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW</b>	<b>19</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW-HD</b>	<b>19.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPGH</b>	<b>53</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT2</b>	<b>53.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT3</b>	<b>53.3</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-HD</b>	<b>53.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT</b>	<b>22</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT-DT2</b>	<b>22.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AI</b>					
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
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittsburgh, PA
WQED-DT2	13.2	E-M			Pittsburgh, PA
WQED-DT3	13.3	E-M			Pittsburgh, PA
WQED-DT4	14.4	E-M			Pittsburgh, PA
WQED-DT5	14.5	E-M			Pittsburgh, PA
WQED-HD	13.1	E			Pittsburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AJ</b>					
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
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AJ</b>					
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
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	I			Canton, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				<b>SYSTEM ID#</b> <b>34166</b>		<b>Name</b>		
<b>PRIMARY TRANSMITTERS: TELEVISION</b>								
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<b>CHANNEL LINE-UP AJ</b>								
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			
WVIZ-HD	25.1	E			Cleveland, OH			
WVPX	23	I			Akron, OH			

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AK</b>					
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
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AK</b>					
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WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	I			Canton, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	E			Cleveland, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID# 34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AK</b>					
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
<b>WVPX</b>	<b>23</b>	<b>I</b>			<b>Akron, OH</b>

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AL</b>					
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
<b>KDKA</b>	<b>25</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>KDKA-DT2</b>	<b>25.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>KDKA-HD</b>	<b>25.1</b>	<b>N</b>			<b>Pittsburgh, PA</b>
<b>WINP</b>	<b>38</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WINP-DT2</b>	<b>38.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WINP-HD</b>	<b>38.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPCB</b>	<b>50</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCB-DT2</b>	<b>50.2</b>	<b>I-M</b>			<b>Jeanette, PA</b>
<b>WPCB-HD</b>	<b>50.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW</b>	<b>19</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPCW-HD</b>	<b>19.1</b>	<b>I</b>			<b>Jeanette, PA</b>
<b>WPGH</b>	<b>53</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT2</b>	<b>53.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-DT3</b>	<b>53.3</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPGH-HD</b>	<b>53.1</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT</b>	<b>22</b>	<b>I</b>			<b>Pittsburgh, PA</b>
<b>WPNT-DT2</b>	<b>22.2</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>
<b>WPNT-DT3</b>	<b>22.3</b>	<b>I-M</b>			<b>Pittsburgh, PA</b>

G

Primary Transmitters: Television



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AL</b>					
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
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittsburgh, PA
WQED-DT2	13.2	E-M			Pittsburgh, PA
WQED-DT3	13.3	E-M			Pittsburgh, PA
WQED-DT4	14.4	E-M			Pittsburgh, PA
WQED-DT5	14.5	E-M			Pittsburgh, PA
WQED-HD	13.1	E			Pittsburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AM</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-DT2-HD	8.2	I-M			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WKAS-DT2	26.2	E-M			Ashland, KY
WKAS-DT2-HD	26.4	E-M			Ashland, KY
WKAS-DT4	26.4	E-M			Ashland, KY
WKAS-HD	26.2	E-M			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AM</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston, WV
WVPB	34	E			Huntington, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
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**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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

**CHANNEL LINE-UP AM**

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
WVPB-DT2	34.2	E			Huntington, WV
WVPB-HD	34.1	E			Huntington, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AN</b>					
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
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AN</b>					
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
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WMFD	12	I			Mansfield, OH
WMFD-HD	68.1	I			Mansfield, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AN</b>					
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
<b>WVIZ-DT5</b>	<b>25.5</b>	<b>E-M</b>			<b>Cleveland, OH</b>
<b>WVIZ-HD</b>	<b>25.1</b>	<b>E</b>			<b>Cleveland, OH</b>
<b>WVPX</b>	<b>23</b>	<b>I</b>			<b>Akron, OH</b>

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AO</b>					
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
KDKA	25	N	Yes	O	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	O	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXPDT4	66.4	I-M	Yes	O	Erie, PA
WFXP-HD	66.1	I	YES	E	Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-DT4	12.4	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA
WSEE	16	N			Erie, PA

G

Primary Transmitters: Television



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
<b>PRIMARY TRANSMITTERS: TELEVISION</b>		<b>G</b>  <b>Primary Transmitters: Television</b>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>		

<b>CHANNEL LINE-UP AO</b>					
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
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-DT3	35.3	I-M			Erie, PA
WSEE-HD	35.1	N			Erie, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AP</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WNEO-DT2	45.2	E			Alliance OH
WNEO-DT3	45.3	E			Alliance OH
WNEO-HD	45	E			Alliance OH
WQED	13	E	YES	O	Pittsburgh, PA
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.6	I-M			Youngstown, OH
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID# 34166</b>	Name
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**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 [section: 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:

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL 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
<b>WYTV-HD</b>	<b>36.1</b>	<b>N</b>			<b>Youngstown, OH</b>

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
<b>CHANNEL LINE-UP AQ</b>					
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
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittsburgh, PA
WINP-DT2	38.2	I-M			Pittsburgh, PA
WINP-HD	38.1	I			Pittsburgh, PA
WNEO	45	E	Yes	O	Alliance OH
WPCB	50	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AQ</b>					
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
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittsburgh, PA
WQED-DT2	13.2	E-M			Pittsburgh, PA
WQED-DT3	13.3	E-M			Pittsburgh, PA
WQED-DT4	14.4	E-M			Pittsburgh, PA
WQED-DT5	14.5	E-M			Pittsburgh, PA
WQED-HD	13.1	E			Pittsburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin: 0;">G</div> <p style="margin: 5px 0 0 0;"><b>Primary Transmitters: Television</b></p>		
<b>CHANNEL LINE-UP AR</b>					
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
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WPCB	50	I	Yes	O	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	O	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E	Yes	O	Pittsburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittsburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	14.4	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	14.5	E-M	Yes	E	Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AR</b>					
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
<b>WQED-HD</b>	<b>13.1</b>	<b>E</b>	<b>Yes</b>	<b>E</b>	<b>Pittsburgh, PA</b>
<b>WYFX-HD</b>	<b>41.2</b>	<b>I</b>			<b>Youngstown, OH</b>
<b>WYFX-DT2</b>	<b>19.6</b>	<b>I-M</b>			<b>Youngstown, OH</b>
<b>WYFX-DT3</b>	<b>19.3</b>	<b>I-M</b>			<b>Youngstown, OH</b>
<b>WYFX-DT5</b>	<b>19.5</b>	<b>I-M</b>			<b>Youngstown, OH</b>
<b>WYFX-HD</b>	<b>41.2</b>	<b>I</b>			<b>Youngstown, OH</b>
<b>WYTV</b>	<b>36</b>	<b>N</b>			<b>Youngstown, OH</b>
<b>WYTV-DT2</b>	<b>36.2</b>	<b>I-M</b>			<b>Youngstown, OH</b>
<b>WYTV-DT3</b>	<b>36.3</b>	<b>I-M</b>			<b>Youngstown, OH</b>
<b>WYTV-HD</b>	<b>36.1</b>	<b>N</b>			<b>Youngstown, OH</b>

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP AS</b>					
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
KDKA	25	N	Yes	O	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	O	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXPDT4	66.4	I-M	Yes	O	Erie, PA
WFXP-HD	66.1	I	Yes	E	Erie, PA
WICU	12	N	Yes	O	Erie, PA
WICU-DT2	12.2	I-M	Yes	O	Erie, PA
WICU-DT4	12.4	I-M	Yes	O	Erie, PA
WICU-HD	12.1	N	Yes	O	Erie, PA
WJET	24	N	Yes	O	Erie, PA
WJET-DT2	24.2	I-M	Yes	E	Erie, PA
WJET-DT3	24.3	I-M	Yes	E	Erie, PA
WJET-HD	24.1	N	Yes	E	Erie, PA
WQLN	50	E	Yes	O	Erie, PA
WQLN-DT2	50.2	E-M	Yes	E	Erie, PA
WQLN-DT3	50.3	E-M	Yes	E	Erie, PA



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>		<p style="font-size: 2em;"><b>G</b></p> <p><b>Primary Transmitters: Television</b></p>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>		

CHANNEL LINE-UP AS					
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
WQLN-HD	50.1	E-M	Yes	E	Erie, PA
WSEE	16	N	Yes	O	Erie, PA
WSEE-DT2	35.2	I-M	Yes	E	Erie, PA
WSEE-DT3	35.3	I-M	Yes	E	Erie, PA
WSEE-HD	35.1	N	Yes	E	Erie, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>  <div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <b>Primary Transmitters: Television</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AT</b>					
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
WFXP	66	I			Erie, PA
WFXP-DT2	66.2	I-M			Erie, PA
WFXP-DT3	66.3	I-M			Erie, PA
WFXPDT4	66.4	I-M			Erie, PA
WFXP-HD	66.1	I			Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-DT4	12.4	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-DT2	50.2	E-M			Erie, PA
WQLN-DT3	50.3	E-M			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA
WSEE	16	N			Erie, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
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**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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

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

# G

Primary Transmitters: Television

CHANNEL LINE-UP AT					
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
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-DT3	35.3	I-M			Erie, PA
WSEE-HD	35.1	N			Erie, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AV</b>					
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
<b>WBNS</b>	<b>10</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WBNS-DT2</b>	<b>10.2</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WBNS-DT3</b>	<b>10.3</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WBNS-HD</b>	<b>10.1</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WCMH</b>	<b>4</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WCMH-DT2</b>	<b>4.2</b>	<b>I-M</b>			<b>Columbus, OH</b>
<b>WCMH-DT4</b>	<b>4.4</b>	<b>I-M</b>			<b>Columbus, OH</b>
<b>WCMH-HD</b>	<b>4.1</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WOSU</b>	<b>34</b>	<b>E</b>			<b>Columbus, OH</b>
<b>WOSU-DT2</b>	<b>34.2</b>	<b>E-M</b>			<b>Columbus, OH</b>
<b>WOSU-DT3</b>	<b>34.3</b>	<b>E-M</b>			<b>Columbus, OH</b>
<b>WOSU-DT4</b>	<b>34.4</b>	<b>E-M</b>			<b>Columbus, OH</b>
<b>WOSU-HD</b>	<b>34.1</b>	<b>E</b>			<b>Columbus, OH</b>
<b>WSYX</b>	<b>6</b>	<b>N</b>			<b>Columbus, OH</b>
<b>WSYX-DT2</b>	<b>6.2</b>	<b>I-M</b>			<b>Columbus, OH</b>
<b>WSYX-DT3</b>	<b>6.3</b>	<b>I-M</b>			<b>Columbus, OH</b>
<b>WSYX-DT3-HD</b>	<b>6.3</b>	<b>I-M</b>			<b>Columbus, OH</b>
<b>WSYX-DT4</b>	<b>6.4</b>	<b>I-M</b>			<b>Columbus, OH</b>

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				SYSTEM ID# <b>34166</b>		Name			
<p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>								<p><b>G</b></p> <p><b>Primary Transmitters: Television</b></p>	
<b>CHANNEL LINE-UP AV</b>									
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			
WTTE-DT2		28.2	I-M			Columbus, OH			
WTTE-DT3		28.3	I-M			Columbus, OH			

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
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H	Primary Transmitters: Radio	<p><b>PRIMARY TRANSMITTERS: RADIO</b>  <b>In General:</b> 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.</p> <p><b>Special Instructions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.</p> <p><b>Column 1:</b> Identify the call sign of each station carried.  <b>Column 2:</b> State whether the station is AM or FM.  <b>Column 3:</b> 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.  <b>Column 4:</b> 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).</p>							
		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	Name
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**SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG**

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

**1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE**

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

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

**2. LOG OF SUBSTITUTE PROGRAMS**

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

**Column 1:** Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further 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.

I  
Substitute  
Carriage:  
Special  
Statement and  
Program Log

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO		
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
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**J**  
  
 Part-Time  
 Carriage  
 Log

**PART-TIME CARRIAGE LOG**

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

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


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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE							
CALL SIGN	WHEN CARRIAGE OCCURRED			CALL SIGN	WHEN CARRIAGE OCCURRED		
	DATE	FROM	HOURS TO		DATE	FROM	HOURS TO
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LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>				
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		<b>K</b> <b>Gross Receipts</b>				
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;"><b>32,825,606.01</b></td> </tr> <tr> <td colspan="2" style="padding: 2px 5px; text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	<b>32,825,606.01</b>	(Amount of gross receipts)	
\$	<b>32,825,606.01</b>					
(Amount of gross receipts)						
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ 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.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		<b>L</b> <b>Copyright Royalty Fee</b>				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K <span style="float: right;">\$ <b>32,825,606.01</b></span> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. <span style="float: right;">\$ <b>349,264.45</b></span> This is your minimum fee.					
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. <b>BASE RATE FEE:</b> 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 <span style="float: right;">\$ <b>32,729.88</b></span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero <span style="float: right;"><b>0.00</b></span> Line 3. Add lines 1 and 2 and enter here <span style="float: right;">\$ <b>32,729.88</b></span>					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger <span style="float: right;">\$ <b>349,264.45</b></span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <span style="float: right;"><b>0.00</b></span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;"><b>0.00</b></span> Line 4. <b>FILING FEE.</b> <span style="float: right;">\$ <b>725.00</b></span> <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right;">\$ <b>349,989.45</b></span>  EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees.				
Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)						

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>M</b> <b>Channels</b>	<p><b>CHANNELS</b>  <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">212</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">530</span></p>	
<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Ken Proudfoot</b> Telephone <b>(724) 283-0925</b></p> <p>Address <b>One Armstrong Place</b>  <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><b>Butler, PA 16001</b>  <small>(City, town, state, zip)</small></p> <p>Email <b>kproudfoot@agoc.com</b> Fax (optional) _____</p>	
<b>O</b> <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <p> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;"><b>X /s/ Diane Potochny</b></span></p> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>Diane Potochny</b></p> <p>_____</p> <p>Title: <b>Chief Financial Officer</b>  <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <b>February 25, 2022</b></p> <p>_____</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____		<b>P</b>  <b>Special Statement Concerning Gross Receipts Exclusion</b>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
<b>INTEREST ASSESSMENTS</b>  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment . . . . . _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p style="font-size: small; margin-top: 10px;">* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p style="font-size: small; margin-top: 5px;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small; margin-top: 10px;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		<b>Q</b>  <b>Interest Assessment</b>

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

**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 account (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 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 G 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 of 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. Distan simulcast streams are not subject to any royalty payment

**The 3.75 Fee.** If a cable system located in whole or in part within a 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 filing 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 been 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 76.7.63 (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 station 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, 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.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) 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:

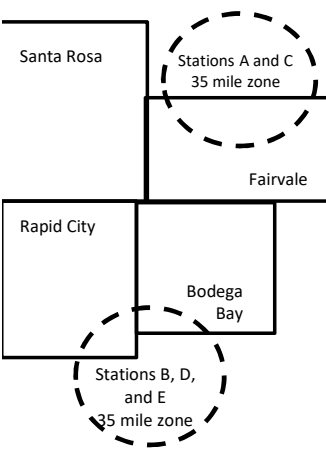
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

*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.



Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00
B (independent)	1.0	Santa Rosa		100,000.00
C (part-time)	0.083	Rapid City		70,000.00
D (part-time)	0.139	Bodega Bay		120,000.00
E (network)	0.25	Fairvale		
<b>TOTAL DSEs</b>	<b>2.472</b>		<b>TOTAL GROSS RECEIPTS</b>	<b>\$600,000.00</b>

<b>Minimum Fee</b>	Total Gross Receipts	\$600,000.00
		x .01064
		<b>\$6,384.00</b>

First Subscriber Group (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (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	<b>\$6,497.20</b>	Base rate fee	<b>\$1,907.71</b>	Base rate fee	<b>\$1,604.03</b>

**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)

<b>1</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
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<p><b>SUM OF DSEs OF CATEGORY "O" STATIONS:</b></p> <p>• Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.</p>	<b>3.75</b>
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<p><b>2</b></p> <p><b>Computation of DSEs for Category "O" Stations</b></p> <p>Add rows as necessary. Remember to copy all formula into new rows.</p>	<p><b>Instructions:</b></p> <p><b>In the column headed "Call Sign":</b> list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).</p> <p><b>In the column headed "DSE":</b> for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."</p>	
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CATEGORY "O" STATIONS: DSEs					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WPCB	1.000				
WQED	0.250				
KDKA	0.250				
WFXP	1.000				
WNEO	0.250				
WICU	0.250				
WJET	0.250				
WQLN	0.250				
WSEE	0.250				

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
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3

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

**Instructions: CAPACITY**  
**Column 1:** List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  
**Column 2:** For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  
**Column 3:** For each station, give the total number of hours that the station broadcast over the air during the accounting period.  
**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  
**Column 5:** For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  
**Column 6:** Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)

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

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

4

**Computation of DSEs for Substitute-Basis Stations**

**Instructions:**  
**Column 1:** Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  
 • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  
 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  
**Column 2:** For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  
**Column 3:** Enter the number of days in the calendar year: 365, except in a leap year.  
**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=
		÷	=			÷	=

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

5

**Total Number of DSEs**

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

1. Number of DSEs from part 2 ● _____▶		<b>3.75</b>	
2. Number of DSEs from part 3 ● _____▶		<b>0.00</b>	
3. Number of DSEs from part 4 ● _____▶		<b>0.00</b>	

TOTAL NUMBER OF DSEs \_\_\_\_\_▶ 3.75

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name		
<p><b>Instructions:</b> Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.</p>										<b>6</b>
<b>BLOCK A: TELEVISION MARKETS</b>										Computation of 3.75 Fee
<p>Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?</p> <p><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.</p> <p><input checked="" type="checkbox"/> No—Complete blocks B and C below.</p>										
<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>										
<p>Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p>										
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
WPCB	A	1.00	WJET	D	0.25					
WQED	C	0.25	WQLN	C	0.25					
KDKA	D	0.25	WSEE	D	0.25					
WFXP	D	1.00								
WNEO	C	0.25								
WICU	D	0.25								
									<b>3.75</b>	
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>										
Line 1: Enter the total number of DSEs from part 5 of this schedule _____										
Line 2: Enter the sum of permitted DSEs from block B above _____										
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____										
Line 4: Enter gross receipts from space K (page 7) _____										
x 0.0375										
Line 5: Multiply line 4 by 0.0375 and enter sum here _____										
x										
Line 6: Enter total number of DSEs from line 3 _____										
									<b>0.00</b>	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____										

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





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>					<b>SYSTEM ID#</b> <b>34166</b>
<b>Worksheet for Computing the DSE Schedule for Permitted Part-Time and Substitute Carriage</b>	<p><b>Instructions:</b> You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</p> <p>Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule.</p> <p>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</p> <p>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</p> <p>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</p> <p>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</p> <p>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</p> <p>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</p> <p>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</p> <p><b>IMPORTANT:</b> The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designatec statement of account on file in the Licensing Division.</p>					
PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS						
1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE	

<b>7</b> <b>Computation of the Syndicated Exclusivity Surcharge</b>	<p><b>Instructions:</b> Block A must be completed.</p> <p>In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.</p> <p style="text-align: center;"><b>BLOCK A: MAJOR TELEVISION MARKET</b></p> <p>• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  <input checked="" type="checkbox"/> Yes—Complete blocks B and C.      <input type="checkbox"/> No—Proceed to part 8</p>																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px; text-align: center;"> <b>BLOCK B: Carriage of VHF/Grade B Contour Stations</b> </td> <td style="width:50%; padding: 5px; text-align: center;"> <b>BLOCK C: Computation of Exempt DSEs</b> </td> </tr> <tr> <td style="padding: 5px;">                 Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?   <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE  <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.             </td> <td style="padding: 5px;">                 Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)   <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE  <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.             </td> </tr> </table>	<b>BLOCK B: Carriage of VHF/Grade B Contour Stations</b>	<b>BLOCK C: Computation of Exempt DSEs</b>	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.	Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)  <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px; text-align: center;">CALL SIGN</td> <td style="width:25%; padding: 5px; text-align: center;">DSE</td> <td style="width:25%; padding: 5px; text-align: center;">CALL SIGN</td> <td style="width:25%; padding: 5px; text-align: center;">DSE</td> </tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">TOTAL DSEs</td> <td style="padding: 5px; text-align: center;"><b>0.00</b></td> </tr> </table>		CALL SIGN	DSE	CALL SIGN	DSE																																									TOTAL DSEs			<b>0.00</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px; text-align: center;">CALL SIGN</td> <td style="width:25%; padding: 5px; text-align: center;">DSE</td> <td style="width:25%; padding: 5px; text-align: center;">CALL SIGN</td> <td style="width:25%; padding: 5px; text-align: center;">DSE</td> </tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr><td colspan="4" style="height: 15px;"></td></tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">TOTAL DSEs</td> <td style="padding: 5px; text-align: center;"><b>0.00</b></td> </tr> </table>		CALL SIGN	DSE	CALL SIGN	DSE																																									TOTAL DSEs			<b>0.00</b>
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LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>		SYSTEM ID# <b>34166</b>	Name	
<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>			<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	
Section 1	Enter the amount of gross receipts from space K (page 7) . . . . . ▶ \$	<b>32,825,606.01</b>		
Section 2	A. Enter the total DSEs from block B of part 7 . . . . . ▶	<b>0.00</b>		
	B. Enter the total number of exempt DSEs from block C of part 7 . . . . . ▶	<b>0.00</b>		
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . . ▶	<b>0.00</b>		
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="checked" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.				
<b>SECTION 3: TOP 50 TELEVISION MARKET</b>				
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="checked" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.			
	A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$			
	B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$			
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶			
	D. Multiply line B by line C and enter here . . . . . ▶			
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$			
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 figure on line C in section 2) and enter here . . . . . ▶			
	F. Multiply line D by line E and enter here . . . . . ▶ \$			
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$			
<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>				
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="checked" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> 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 DSE 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) . . . . . ▶ \$			
	B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . ▶ \$			
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶			
	D. Multiply line B by line C and enter here . . . . . ▶ \$			
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$			

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>		<b>SYSTEM ID#</b> <b>34166</b>
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ _____</p> <p>F. Multiply line D by line E and enter here . . . . . ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ _____</p>	
<b>8</b>  <b>Computation of Base Rate Fee</b>	<p><b>Instructions:</b> You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.</li> </ul> <p><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>		
<b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>			
<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule.                      <input type="checkbox"/> No—Complete the following sections.</p>			
<b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>			
Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ _____		
Section 3	<p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ _____</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee.</b> . . . . . ▶ \$ _____ <b>0.00</b></p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>	<b>Name</b>
Section 4 If the figure in section 2 is <b>more than 4,000</b> , compute your base rate fee here and leave section 3 blank.	<span style="font-size: 2em; font-weight: bold;">8</span>	
A. Enter 0.01064 of gross receipts (the amount in section 1) ..... ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ..... ▶ \$ _____ C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ..... ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ..... ▶ _____ F. Multiply line D by line E and enter here ..... ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7), <b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;">0.00</span>	Computation of Base Rate Fee	
<p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:                         <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul>	<span style="font-size: 2em; font-weight: bold;">9</span>	
	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations	

<p><b>Name</b></p>	<p>LEGAL NAME OF OWNER OF CABLE SYSTEM:</p> <p><b>Armstrong Utilities, Inc.</b></p>	<p><b>SYSTEM ID#</b> <b>34166</b></p>
	<p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</b></p> <p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> 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.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> 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.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Greenup, WV</b>					COMMUNITY/ AREA <b>Sandy Lake, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				<b>WPCB</b>	<b>1.00</b>				
				<b>WQED</b>	<b>0.25</b>				
Total DSEs					<b>0.00</b>				
Gross Receipts First Group					\$ <b>168,721.04</b>				
Base Rate Fee First Group					\$ <b>0.00</b>				
Total DSEs					<b>1.25</b>				
Gross Receipts Second Group					\$ <b>132,816.84</b>				
Base Rate Fee Second Group					\$ <b>1,645.93</b>				
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Somerset, PA</b>					COMMUNITY/ AREA <b>North Clarion, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WPCB</b>	<b>1.00</b>								
Total DSEs					<b>1.00</b>				
Gross Receipts Third Group					\$ <b>367,742.04</b>				
Base Rate Fee Third Group					\$ <b>3,912.78</b>				
Total DSEs					<b>0.00</b>				
Gross Receipts Fourth Group					\$ <b>341,459.31</b>				
Base Rate Fee Fourth Group					\$ <b>0.00</b>				
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <b>32,729.88</b>			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Kinsman, OH</b>					COMMUNITY/ AREA <b>Andover, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>54,217.93</u>	Gross Receipts Second Group				\$ <u>71,639.33</u>
Base Rate Fee First Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Harrisville, WV</b>					COMMUNITY/ AREA <b>Hamlin, WV</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>210,868.27</u>	Gross Receipts Fourth Group				\$ <u>504,911.83</u>
Base Rate Fee Third Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border: 1px solid black; padding: 2px;"> </span>	

**9**

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



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Connellsville, PA</b>					COMMUNITY/ AREA <b>Medina, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>3,419,454.75</u>	Gross Receipts Second Group				\$ <u>1,988,540.97</u>
Base Rate Fee First Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Orrville, OH</b>					COMMUNITY/ AREA <b>Butler/Zelie, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>585,474.20</u>	Gross Receipts Fourth Group				\$ <u>10,654,691.00</u>
Base Rate Fee Third Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border: 1px solid black; padding: 2px;"> </span>	

**9**

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>South Point, OH</b>					COMMUNITY/ AREA <b>Ashland OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>1,950,650.54</u>	Gross Receipts Second Group				\$ <u>1,759,327.11</u>
Base Rate Fee First Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Venango &amp; Forest Counties, PA</b>					COMMUNITY/ AREA <b>Warren &amp; Crawford Counties, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WFXP</b>	<b>1.00</b>			<b>KDKA</b>	<b>0.25</b>				
Total DSEs				<u>1.00</u>	Total DSEs				<u>0.25</u>
Gross Receipts Third Group				\$ <u>208,163.04</u>	Gross Receipts Fourth Group				\$ <u>400,674.99</u>
Base Rate Fee Third Group				\$ <span style="border:1px solid black; padding:2px;">2,214.85</span>	Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; padding:2px;">1,065.80</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border:1px solid black; padding:2px;"></span>	

**9**

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				SYSTEM ID# <b>34166</b>				Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Eastern Mahoning County, OH</b>				COMMUNITY/ AREA <b>W. Mahoning &amp; Trumbull County, C</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<b>WQED</b>	<b>0.25</b>			
Total DSEs <span style="float: right;"><u>0.00</u></span>				Total DSEs <span style="float: right;"><u>0.25</u></span>				
Gross Receipts First Group <span style="float: right;">\$ <u>3,377,179.22</u></span>				Gross Receipts Second Group <span style="float: right;">\$ <u>2,280,606.95</u></span>				
Base Rate Fee First Group <span style="float: right;">\$ <u>0.00</u></span>				Base Rate Fee Second Group <span style="float: right;">\$ <u>6,066.41</u></span>				
NINETEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Butler &amp; Lawrence Counties, PA</b>				COMMUNITY/ AREA <b>Venango Counties, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<b>WNEO</b>	<b>0.25</b>			
Total DSEs <span style="float: right;"><u>0.00</u></span>				Total DSEs <span style="float: right;"><u>0.25</u></span>				
Gross Receipts Third Group <span style="float: right;">\$ <u>525,782.15</u></span>				Gross Receipts Fourth Group <span style="float: right;">\$ <u>95,416.90</u></span>				
Base Rate Fee Third Group <span style="float: right;">\$ <u>0.00</u></span>				Base Rate Fee Fourth Group <span style="float: right;">\$ <u>253.81</u></span>				
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)							\$ <u>                    </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>				SYSTEM ID# <b>34166</b>				Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9
TWENTY-FIRST SUBSCRIBER GROUP				TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>North Central Mercer County, P/</b>				COMMUNITY/ AREA <b>Southern Mercer County, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
<b>WPCB</b>	<b>1.00</b>			<b>WPCB</b>	<b>1.00</b>			
<b>WQED</b>	<b>0.25</b>							
Total DSEs <span style="float: right;"><u>1.25</u></span>				Total DSEs <span style="float: right;"><u>1.00</u></span>				
Gross Receipts First Group <span style="float: right;">\$ <u>100,173.20</u></span>				Gross Receipts Second Group <span style="float: right;">\$ <u>927,381.48</u></span>				
Base Rate Fee First Group <span style="float: right;">\$ <span style="border: 1px solid black; padding: 2px;">1,241.40</span></span>				Base Rate Fee Second Group <span style="float: right;">\$ <span style="border: 1px solid black; padding: 2px;">9,867.34</span></span>				
TWENTY-THIRD SUBSCRIBER GROUP				TWENTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Crawford &amp; Erie Counties, PA</b>				COMMUNITY/ AREA <b>Mercer County, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
<b>KDKA</b>	<b>0.25</b>			<b>WFXP</b>	<b>1.00</b>			
				<b>WICU</b>	<b>0.25</b>			
				<b>WJET</b>	<b>0.25</b>			
				<b>WQLN</b>	<b>0.25</b>			
				<b>WSEE</b>	<b>0.25</b>			
Total DSEs <span style="float: right;"><u>0.25</u></span>				Total DSEs <span style="float: right;"><u>2.00</u></span>				
Gross Receipts Third Group <span style="float: right;">\$ <u>2,115,380.84</u></span>				Gross Receipts Fourth Group <span style="float: right;">\$ <u>41,481.10</u></span>				
Base Rate Fee Third Group <span style="float: right;">\$ <span style="border: 1px solid black; padding: 2px;">5,626.91</span></span>				Base Rate Fee Fourth Group <span style="float: right;">\$ <span style="border: 1px solid black; padding: 2px;">732.14</span></span>				
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)							<span style="border: 1px solid black; padding: 2px;">\$</span>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
TWENTY-FIFTH SUBSCRIBER GROUP					TWENTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>French Creek Township, PA</b>					COMMUNITY/ AREA <b>Venango County, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WFXP</b>	<b>1.00</b>								
Total DSEs			<b>1.00</b>	Total DSEs			<b>0.00</b>	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
Gross Receipts First Group			\$ <b>9,634.20</b>	Gross Receipts Second Group			\$ <b>51,895.64</b>		
Base Rate Fee First Group			\$ <b>102.51</b>	Base Rate Fee Second Group			\$ <b>0.00</b>		
TWENTY-SEVENTH SUBSCRIBER GROUP					TWENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Western Erie &amp; North Central Cr</b>					COMMUNITY/ AREA <b>Morrow County, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			<b>0.00</b>	Total DSEs			<b>0.00</b>	(Continued from previous block)	
Gross Receipts Third Group			\$ <b>404,171.68</b>	Gross Receipts Fourth Group			\$ <b>77,149.46</b>		
Base Rate Fee Third Group			\$ <b>0.00</b>	Base Rate Fee Fourth Group			\$ <b>0.00</b>		
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <b> </b>			

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Greenup, WV</b>					COMMUNITY/ AREA <b>Sandy Lake, PA</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts First Group				\$ <u>168,721.04</u>		Gross Receipts Second Group				\$ <u>132,816.84</u>	
Base Rate Fee First Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>		Base Rate Fee Second Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Somerset, PA</b>					COMMUNITY/ AREA <b>North Clarion, PA</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts Third Group				\$ <u>367,742.04</u>		Gross Receipts Fourth Group				\$ <u>341,459.31</u>	
Base Rate Fee Third Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>		Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <span style="border:1px solid black; padding:2px;">0.00</span>					

**9**

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Kinsman, OH</b>					COMMUNITY/ AREA <b>Andover, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>54,217.93</u>	Gross Receipts Second Group				\$ <u>71,639.33</u>
Base Rate Fee First Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Harrisville, WV</b>					COMMUNITY/ AREA <b>Hamlin, WV</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>210,868.27</u>	Gross Receipts Fourth Group				\$ <u>504,911.83</u>
Base Rate Fee Third Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border:1px solid black; padding:2px;"></span>	

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

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Connellsville, PA</b>					COMMUNITY/ AREA <b>Medina, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>3,419,454.75</u>	Gross Receipts Second Group				\$ <u>1,988,540.97</u>
Base Rate Fee First Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Orrville, OH</b>					COMMUNITY/ AREA <b>Butler/Zelie, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>585,474.20</u>	Gross Receipts Fourth Group				\$ <u>10,654,691.00</u>
Base Rate Fee Third Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border: 1px solid black; padding: 2px;"> </span>	

**9**

Computation  
of  
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and  
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Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>South Point, OH</b>					COMMUNITY/ AREA <b>Ashland OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>1,950,650.54</u>	Gross Receipts Second Group				\$ <u>1,759,327.11</u>
Base Rate Fee First Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Venango &amp; Forest Counties, PA</b>					COMMUNITY/ AREA <b>Warren &amp; Crawford Counties, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>208,163.04</u>	Gross Receipts Fourth Group				\$ <u>400,674.99</u>
Base Rate Fee Third Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border:1px solid black; padding:2px;"> </span>	

**9**

Computation  
of  
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**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Eastern Mahoning County, OH</b>					COMMUNITY/ AREA <b>W. Mahoning &amp; Trumbull County, C</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>3,377,179.22</u>	Gross Receipts Second Group				\$ <u>2,280,606.95</u>
Base Rate Fee First Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Butler &amp; Lawrence Counties, PA</b>					COMMUNITY/ AREA <b>Venango Counties, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>525,782.15</u>	Gross Receipts Fourth Group				\$ <u>95,416.90</u>
Base Rate Fee Third Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; padding:2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border:1px solid black; padding:2px;"> </span>	

**9**

Computation  
of  
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**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>North Central Mercer County, P/</b>					COMMUNITY/ AREA <b>Southern Mercer County, PA</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts First Group				\$ <u>100,173.20</u>		Gross Receipts Second Group				\$ <u>927,381.48</u>	
Base Rate Fee First Group				\$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u>		Base Rate Fee Second Group				\$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u>	
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Crawford &amp; Erie Counties, PA</b>					COMMUNITY/ AREA <b>Mercer County, PA</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts Third Group				\$ <u>2,115,380.84</u>		Gross Receipts Fourth Group				\$ <u>41,481.10</u>	
Base Rate Fee Third Group				\$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u>		Base Rate Fee Fourth Group				\$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u>	
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <span style="border:1px solid black; display:inline-block; width:100px; height:15px;"></span>					

**9**

Computation  
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Base Rate Fee  
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**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>						SYSTEM ID# <b>34166</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIFTH SUBSCRIBER GROUP					TWENTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>French Creek Township, PA</b>					COMMUNITY/ AREA <b>Venango County, PA</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>9,634.20</u>	Gross Receipts Second Group				\$ <u>51,895.64</u>
Base Rate Fee First Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Second Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
TWENTY-SEVENTH SUBSCRIBER GROUP					TWENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Western Erie &amp; North Central Cr</b>					COMMUNITY/ AREA <b>Morrow County, OH</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>404,171.68</u>	Gross Receipts Fourth Group				\$ <u>77,149.46</u>
Base Rate Fee Third Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>	Base Rate Fee Fourth Group				\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border: 1px solid black; padding: 2px;"> </span>	

**9**

Computation  
of  
Base Rate Fee  
and  
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Exclusivity  
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>									
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>										
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>										
	<b>INSTRUCTIONS:</b>										
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.										
	<b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.										
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.										
<b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>FIRST SUBSCRIBER GROUP</b></td> <td style="width:50%; text-align: center;"><b>SECOND SUBSCRIBER GROUP</b></td> </tr> <tr> <td>           Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> </td> <td>           Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> </td> </tr> <tr> <td>           Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> </td> <td>           Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> </td> </tr> <tr> <td>           Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -         </td> <td>           Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -         </td> </tr> <tr> <td> <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>            First Group . . . . . \$ <input style="width:100px;" type="text"/> </td> <td> <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>            Second Group . . . . . \$ <input style="width:100px;" type="text"/> </td> </tr> </table>		<b>FIRST SUBSCRIBER GROUP</b>	<b>SECOND SUBSCRIBER GROUP</b>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>FIRST SUBSCRIBER GROUP</b>	<b>SECOND SUBSCRIBER GROUP</b>										
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>										
Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>										
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -										
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>THIRD SUBSCRIBER GROUP</b></td> <td style="width:50%; text-align: center;"><b>FOURTH SUBSCRIBER GROUP</b></td> </tr> <tr> <td>           Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> </td> <td>           Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> </td> </tr> <tr> <td>           Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> </td> <td>           Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> </td> </tr> <tr> <td>           Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -         </td> <td>           Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -         </td> </tr> <tr> <td> <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>            Third Group . . . . . \$ <input style="width:100px;" type="text"/> </td> <td> <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>            Fourth Group . . . . . \$ <input style="width:100px;" type="text"/> </td> </tr> </table>		<b>THIRD SUBSCRIBER GROUP</b>	<b>FOURTH SUBSCRIBER GROUP</b>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>THIRD SUBSCRIBER GROUP</b>	<b>FOURTH SUBSCRIBER GROUP</b>										
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>										
Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>										
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -										
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>										
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>											

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	<b>INSTRUCTIONS:</b>	
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.	
	<b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	
<b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	<b>FIFTH SUBSCRIBER GROUP</b>	<b>SIXTH SUBSCRIBER GROUP</b>
	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>
	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>
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	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>
	<b>SEVENTH SUBSCRIBER GROUP</b>	<b>EIGHTH SUBSCRIBER GROUP</b>
	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>
	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>
	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>
	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>	

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>	
	<b>INSTRUCTIONS:</b>	
	<p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	<b>NINTH SUBSCRIBER GROUP</b>	<b>TENTH SUBSCRIBER GROUP</b>
	<p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text" value="-"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text" value="-"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p>
<b>ELEVENTH SUBSCRIBER GROUP</b>	<b>TWELVTH SUBSCRIBER GROUP</b>	
<p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text" value="-"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text" value="-"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	
<p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	<b>INSTRUCTIONS:</b>	
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.	
	<b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	
<b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
<b>THIRTEENTH SUBSCRIBER GROUP</b>		<b>FOURTEENTH SUBSCRIBER GROUP</b>
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>FIFTEENTH SUBSCRIBER GROUP</b>		<b>SIXTEENTH SUBSCRIBER GROUP</b>
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>		



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	<b>INSTRUCTIONS:</b>	
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.	
	<b>SEVENTEENTH SUBSCRIBER GROUP</b>	<b>EIGHTEENTH SUBSCRIBER GROUP</b>
	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width: 100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width: 100px;" type="text"/>
<b>NINEENTH SUBSCRIBER GROUP</b>	<b>TWENTYTH SUBSCRIBER GROUP</b>	
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width: 100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	<b>INSTRUCTIONS:</b>	
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.	
	<b>TWENTY-FIRST SUBSCRIBER GROUP</b>	<b>TWENTY-SECOND SUBSCRIBER GROUP</b>
	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width: 100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width: 100px;" type="text"/>
<b>TWENTY-THIRD SUBSCRIBER GROUP</b>	<b>TWENTY-FOURTH SUBSCRIBER GROUP</b>	
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width: 100px;" type="text"/>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> -  <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Armstrong Utilities, Inc.</b>	<b>SYSTEM ID#</b> <b>34166</b>
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	<b>INSTRUCTIONS:</b>	
	<b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.	
	<b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	
<b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
<b>TWENTY-FIFTH SUBSCRIBER GROUP</b>		<b>TWENTY-SIXTH SUBSCRIBER GROUP</b>
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>TWENTY-SEVENTH SUBSCRIBER GROUP</b>		<b>TWENTY-EIGHTH SUBSCRIBER GROUP</b>
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>		