

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

## SA3E Long Form

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

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 2-28-24                       | \$                |
|                               | ALLOCATION NUMBER |

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Tel: (202) 707-8150

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|--------------|----------------------------------------|--|--|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><b>2023/2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner                                                      | <p><b>Instructions:</b><br/>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>2124</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>Ritter Cable Corporation</b></p> <p style="text-align: right;"><b>212420232</b><br/><b>2124 2023/2</b></p> <p><b>P.O. Box 17040</b><br/><b>Jonesboro, AR 72403</b></p> |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System                                                     | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td>1</td> <td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td>2</td> <td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/>(Number, street, rural route, apartment, or suite number)<br/><br/>(City, town, state, zip code)</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |  | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b> |  |  | 2                  | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br><br>(City, town, state, zip code) |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                      | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                      | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br><br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>Marked Tree</b></td> <td colspan="3"><b>AR</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <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>Marked Tree</b> | <b>AR</b>                                                                                                                                 |  |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Marked Tree</b>                                                     | <b>AR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CH LINE UP | SUB GRP# |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>                                                            | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>A</b>   | <b>1</b> |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>                                                        | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>B</b>   | <b>2</b> |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>                                                          | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>B</b>   | <b>3</b> |  |              |                                        |  |  |                    |                                                                                                                                           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | SYSTEM ID#<br><b>2124</b> |          |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
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| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                           |          | <p><b>D</b><br/>Area<br/>Served</p> |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
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| CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATE | CH LINE UP                | SUB GRP# |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Marked Tree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Bassett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Blytheville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Cherry Valley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Dell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Dyess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Gilmore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Gosnell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Harrisburg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Joiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Keiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Leachville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Lepanto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Luxora                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Manila                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Osceola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Payneway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Trumann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Turrell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Tyronza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Wilson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Wynne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AR    | A                         | 1        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Fisher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 2        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Hickory Ridge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AR    | A                         | 2        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Weiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | A                         | 2        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Black Oak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AR    | B                         | 3        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Caraway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | B                         | 3        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Jonesboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AR    | B                         | 3        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Lake City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AR    | B                         | 3        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Monette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | B                         | 3        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Bono                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AR    | B                         | 4        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Cash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AR    | B                         | 4        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Pocahontas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AR    | B                         | 4        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Walnut Ridge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AR    | B                         | 4        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Hoxie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AR    | B                         | 4        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Brookland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AR    | B                         | 5        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Brookland Hills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AR    | B                         | 5        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Grubbs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AR    | B                         | 6        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Swifton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR    | B                         | 6        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Arbyrd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MO    | B                         | 7        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Cardwell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MO    | B                         | 7        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Cape Girardeau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MO    | B                         | 7        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |
| Cabot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AR    | C                         | 8        |                                     |              |       |            |          |             |    |   |   |         |    |   |   |             |    |   |   |               |    |   |   |      |    |   |   |       |    |   |   |         |    |   |   |         |    |   |   |            |    |   |   |        |    |   |   |        |    |   |   |            |    |   |   |         |    |   |   |        |    |   |   |        |    |   |   |         |    |   |   |          |    |   |   |         |    |   |   |         |    |   |   |         |    |   |   |        |    |   |   |       |    |   |   |        |    |   |   |               |    |   |   |        |    |   |   |           |    |   |   |         |    |   |   |           |    |   |   |           |    |   |   |         |    |   |   |      |    |   |   |      |    |   |   |            |    |   |   |              |    |   |   |       |    |   |   |           |    |   |   |                 |    |   |   |        |    |   |   |         |    |   |   |        |    |   |   |          |    |   |   |                |    |   |   |       |    |   |   |

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|----------------|----|---|----|
| Hot Springs    | AR | C | 8  |
| Jacksonville   | AR | C | 8  |
| Little Rock    | AR | C | 8  |
| Lonoke         | AR | C | 8  |
| Malvern        | AR | C | 8  |
| Morrilton      | AR | C | 8  |
| Pine Bluff     | AR | C | 8  |
| Russellville   | AR | C | 8  |
| Searcy         | AR | C | 8  |
| White Hall     | AR | C | 8  |
| Beebe          | AR | C | 8  |
| Conway         | AR | C | 8  |
| Arkadelphia    | AR | C | 9  |
| Augusta        | AR | C | 9  |
| McCrory        | AR | C | 9  |
| Stuttgart      | AR | C | 9  |
| Brinkley       | AR | C | 9  |
| Batesville     | AR | C | 10 |
| Marshall       | AR | C | 10 |
| Newport        | AR | C | 10 |
| Saint Joe      | AR | C | 10 |
| Southside      | AR | C | 10 |
| Rogers         | AR | D | 11 |
| Springdale     | AR | D | 11 |
| Fayetteville   | AR | D | 11 |
| Van Buren      | AR | D | 11 |
| Alma           | AR | D | 11 |
| Jackson        | MO | B | 7  |
| Fort Smith     | AR | D | 11 |
| Crawfordsville | AR | A | 1  |
| Bentonville    | AR | D | 11 |
| Colt           | AR | A | 1  |
| Marion         | AR | A | 1  |
| Dyersburg      | AR | A | 2  |
|                |    |   |    |
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|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|------|
| Name                                                                         | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                          |                     | <b>SYSTEM ID#</b><br><b>2124</b> |      |
| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.<br><b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. |                                             |                                                                                                                                                                                                                                                                          |                     |                                  |      |
|                                                                              | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                          | BLOCK 2             |                                  |      |
|                                                                              | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS                          | RATE                                                                                                                                                                                                                                                                     | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS               | RATE |
|                                                                              | <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)<br><b>Motel, hotel</b><br><b>Commercial</b><br><b>Converter</b><br>• Residential<br>• Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4,407<br>\$ 29.95                           |                                                                                                                                                                                                                                                                          |                     |                                  |      |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                                                                                                                                                                                                                                                          |                     |                                  |      |
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b>    | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                                                                                                                                                          |                     |                                  |      |
|                                                                              | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                          | BLOCK 2             |                                  |      |
|                                                                              | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RATE                                        | CATEGORY OF SERVICE                                                                                                                                                                                                                                                      | RATE                | CATEGORY OF SERVICE              | RATE |
|                                                                              | <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 11.95<br>\$ 29.95<br><br><br><br>\$ 6.95 | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable-add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address |                     |                                  |      |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                                                                                                                                                                                                                                                          |                     |                                  |      |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                    |                         | <b>SYSTEM ID#</b><br><b>2124</b>  | <b>Name</b>            |                                         |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.<br><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:<br><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> <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).<br><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.<br><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.<br><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.<br><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.<br>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.<br><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.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                          |                    |                         |                                   | G                      | <b>Primary Transmitters: Television</b> |
| <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 |                                         |
| KTEJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                       | E                  | NO                      |                                   | JONESBORO, AR          |                                         |
| KTEJ-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.2                     | E-M                | NO                      |                                   | JONESBORO, AR          |                                         |
| KTEJ-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.3                     | E-M                | NO                      |                                   | JONESBORO, AR          |                                         |
| KTEJ-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.4                     | E-M                | NO                      |                                   | JONESBORO, AR          |                                         |
| WREG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 28                       | N                  | NO                      |                                   | MEMPHIS, TN            |                                         |
| WMC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                        | N                  | NO                      |                                   | MEMPHIS, TN            |                                         |
| WATN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25                       | N                  | NO                      |                                   | MEMPHIS, TN            |                                         |
| WATN-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25.2                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| WATN-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25.3                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| KAIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8                        | N                  | NO                      |                                   | JONESBORO, AR          |                                         |
| WKNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                       | E                  | YES                     | O                                 | MEMPHIS, TN            |                                         |
| WPXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 51                       | I                  | NO                      |                                   | MEMPHIS, TN            |                                         |
| WPXX-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 51.2                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| WPXX-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 51.3                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| WHBQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13                       | N                  | NO                      |                                   | MEMPHIS, TN            |                                         |
| WHBQ-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.2                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| WHBQ-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.3                     | I-M                | NO                      |                                   | MEMPHIS, TN            |                                         |
| KVTJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 48                       | I                  | NO                      |                                   | JONESBORO, AR          |                                         |

See instructions for additional information on alphabetization.

U.S. Copyright Office

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                    |                         | SYSTEM ID#<br><b>2124</b>         | Name                                                    |
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| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.<br><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:<br><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> <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).<br><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.<br><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.<br><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.<br><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.<br>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.<br><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.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                          |                    |                         |                                   | <b>G</b><br><br><b>Primary Transmitters: Television</b> |
| <b>CHANNEL LINE-UP C</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                                  |
| KARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                        | N                  | NO                      |                                   | LITTLE ROCK, AR                                         |
| KKAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36                       | E                  | YES                     | O                                 | LITTLE ROCK, AR                                         |
| KARK-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4.3                      | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KARK-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4.2                      | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KTHV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12                       | N                  | NO                      |                                   | LITTLE ROCK, AR                                         |
| KTHV-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12.2                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KTHV-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12.2                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KTHV-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12.2                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KLRT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30                       | N                  | NO                      |                                   | LITTLE ROCK, AR                                         |
| KLRT-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.2                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KLRT-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.3                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KLRT-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.3                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KKYC-CD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30                       | I                  | NO                      |                                   | LITTLE ROCK, AR                                         |
| KKYC-CD2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.2                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KKYC-CD3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.3                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KKYC-CD4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30.4                     | I-M                | NO                      |                                   | LITTLE ROCK, AR                                         |
| KETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                        | E                  | YES                     | O                                 | LITTLE ROCK, AR                                         |
| KETS-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7.2                      | E-M                | YES                     | O                                 | LITTLE ROCK, AR                                         |

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                    |                         | SYSTEM ID#<br><b>2124</b>         | Name                                                    |
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| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.<br><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:<br><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> <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).<br><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.<br><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.<br><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.<br><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.<br>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.<br><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.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                          |                    |                         |                                   | <b>G</b><br><br><b>Primary Transmitters: Television</b> |
| <b>CHANNEL LINE-UP D</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                                  |
| KTEJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                       | E                  | YES                     | O                                 | JONESBORO, AR                                           |
| KTEJ-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.2                     | E-M                | YES                     | O                                 | JONESBORO, AR                                           |
| KTEJ-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.3                     | E-M                | YES                     | O                                 | JONESBORO, AR                                           |
| KTEJ-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.4                     | E-M                | YES                     | O                                 | JONESBORO, AR                                           |
| KFSM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18                       | N                  | NO                      |                                   | Fort Smith, AR                                          |
| KFSM-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18.2                     | I-M                | NO                      |                                   | Fort Smith, AR                                          |
| KFSM-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18.3                     | I-M                | NO                      |                                   | Fort Smith, AR                                          |
| KFTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27                       | N                  | NO                      |                                   | Fort Smith, AR                                          |
| KEGW-CD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24                       | I                  | NO                      |                                   | Siloam Springs                                          |
| KWOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29                       | I                  | NO                      |                                   | Springdale, AR                                          |
| KXNW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25                       | I                  | NO                      |                                   | Eureka Springs, AR                                      |
| KFDF-CD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25                       | I                  | NO                      |                                   | Fort Smith, AR                                          |
| KKAF-LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30                       | I                  | NO                      |                                   | Fayetteville, AR                                        |
| KAJL-LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16                       | I                  | NO                      |                                   | Fayetteville, AR                                        |
| KAJL-LD2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16.2                     | I-M                | NO                      |                                   | Fayetteville, AR                                        |
| KAJL-LD3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16.3                     | I-M                | NO                      |                                   | Fayetteville, AR                                        |
| KAJL-LD4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16.4                     | I-M                | NO                      |                                   | Fayetteville, AR                                        |
| KFTA-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27.2                     | N-M                | NO                      |                                   | Fort Smith, AR                                          |

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> | <b>Name</b>                                                                                                                                                             |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) .....<br>during the accounting period. ....<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                       |
| <div style="border: 1px solid black; padding: 5px; text-align: right;"> <b>\$ 1,441,695.59</b><br/> <small>(Amount of gross receipts)</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                         |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.<br>► If part 8 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.<br>► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.<br>► 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                                |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K ..... <b>\$ 1,441,695.59</b><br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here. ....<br>This is your minimum fee. .... <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$ 15,339.64</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                         |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                         |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero ..... <b>\$ 1,894.86</b><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero ..... <b>3,077.93</b><br>Line 3. Add lines 1 and 2 and enter here ..... <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$ 4,972.79</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                         |
| 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 ..... <b>\$ 15,339.64</b><br>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. .... <div style="background-color: yellow; border: 1px solid black; padding: 2px; display: inline-block;"><b>0.00</b></div><br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <b>0.00</b><br>Line 4. <b>FILING FEE:</b> ..... <b>\$ 725.00</b><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here ..... <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$ 16,064.64</b></div><br><div style="margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> </div> <div style="margin-top: 10px;">         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.)       </div> |                                  | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees. |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>M</b><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>75</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>350+</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>Bruce Beard, Cinnamon Mueller</b> Telephone <b>314-462-9000</b><br><br>Address <b>1714 Deer Tracks Trail, Ste. 230</b><br>(Number, street, rural route, apartment, or suite number)<br><b>St. Louis, MO 63131</b><br>(City, town, state, zip)<br><br>Email <b>bbeard@cinnamonmueller.com</b> Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
| <b>O</b><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br> <b>X</b> <b>/s/ Lexanne Horton</b><br><br>Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(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.<br><br>Typed or printed name: <b>Lexanne Horton</b><br><br>Title: <b>CFO</b><br>(Title of official position held in corporation or partnership)<br><br>Date: <b>Feb. 27, 2024</b> |                                  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                           |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | SYSTEM ID#<br><b>2124</b> | Name                                                                         |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. .... \$                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                           | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Name                      |                                                                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                           |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.<br><br>Line 1 Enter the amount of late payment or underpayment .....<br><br>x<br><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here ..... -<br><br>x ..... days<br><br>Line 3 Multiply line 2 by the number of days late and enter the sum here ..... -<br><br>x 0.00274<br><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L, (page 7) ..... \$ -<br><br>(interest charge)<br><br>* 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> .<br><br>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.<br><br>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.<br><br>Owner<br>Address<br><br>First community served<br>Accounting period<br>ID number |  |                           | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

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

**INSTRUCTIONS FOR DSE SCHEDULE****WHAT IS A "DSE"?**

The term "distant signal equivalent" (DSE) generally refers to the numerical 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 particular station's DSE for the accounting period.

**TOTAL OF DSEs**

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

**THE ROYALTY FEE**

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

**The 3.75 Fee.** If a cable system located in whole or in part within 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, in 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 76.63 (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 Syndicated 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/or 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 in 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.

DSE SCHEDULE. PAGE 11.

**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.

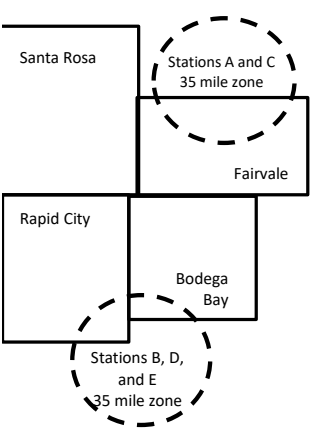
**What to Do If You Need More Space on the DSE Schedule.** There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying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

|                                                                                                                                                                                                                                                                                                                        |                                                                                                |                   |                                                               |                               |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------|
| <p>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.</p>  | <b>Distant Stations Carried</b>                                                                |                   | <b>Identification of Subscriber Groups</b>                    |                               | <b>GROSS RECEIPTS FROM SUBSCRIBERS</b>      |
|                                                                                                                                                                                                                                                                                                                        | STATION                                                                                        | DSE               | CITY                                                          | OUTSIDE LOCAL SERVICE AREA OF |                                             |
|                                                                                                                                                                                                                                                                                                                        | A (independent)                                                                                | 1.0               |                                                               |                               | \$310,000.00                                |
|                                                                                                                                                                                                                                                                                                                        | B (independent)                                                                                | 1.0               | Santa Rosa                                                    | Stations A, B, C, D, E        | 100,000.00                                  |
|                                                                                                                                                                                                                                                                                                                        | C (part-time)                                                                                  | 0.083             | Rapid City                                                    | Stations A and C              | 70,000.00                                   |
|                                                                                                                                                                                                                                                                                                                        | D (part-time)                                                                                  | 0.139             | Bodega Bay                                                    | Stations A and C              | 120,000.00                                  |
|                                                                                                                                                                                                                                                                                                                        | E (network)                                                                                    | <u>0.25</u>       | Fairvale                                                      | Stations B, D, and E          | <u>120,000.00</u>                           |
|                                                                                                                                                                                                                                                                                                                        | <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                                                      |                               |                                             |
|                                                                                                                                                                                                                                                                                                                        |                                                                                                |                   | <u>\$6,384.00</u>                                             |                               |                                             |
|                                                                                                                                                                                                                                                                                                                        | <b>First Subscriber Group</b><br>(Santa Rosa)                                                  |                   | <b>Second Subscriber Group</b><br>(Rapid City and Bodega Bay) |                               | <b>Third Subscriber Group</b><br>(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                                                                                  | <u>\$6,497.20</u> | Base rate fee                                                 | <u>\$1,907.71</u>             | Base rate fee <u>\$1,604.03</u>             |
|                                                                                                                                                                                                                                                                                                                        | <b>Total Base Rate Fee:</b> \$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) |                   |                                                               |                               |                                             |

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

|

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| Name                                                                                                                                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SYSTEM ID#<br><b>2124</b>                     |                                            |                                  |                  |                             |                                 |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------|------------------|-----------------------------|---------------------------------|--------|
| <b>3</b><br><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity                     | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                          | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                          | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAGE<br>VALUE | 5. TYPE<br>VALUE | 6. DSE                      |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>4</b><br><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations                                                                              | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                                                                         |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                          | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                          | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE                           | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>5</b><br><br>Total Number<br>of DSEs                                                                                                                  | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                          | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  | ▶                |                             | <b>4.75</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                            |                                  |                  |                             | <b>4.75</b>                     |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                            |                    |             |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        | <b>SYSTEM ID#<br/>2124</b> |                    | Name        |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer if "No," complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        |                            |                    | 6           |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |        |              |                    |        |                            |                    |             |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                            |                    |             |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                            |                    |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Column 1:<br/>CALL SIGN</p> <p>Column 2:<br/>BASIS OF PERMITTED CARRIAGE</p> <p>Column 3:</p> </div> <div style="width: 50%;"> <p>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>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>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.</p> <p>*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p> </div> </div> |                    |        |              |                    |        |                            |                    |             |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN               | 2. PERMITTED BASIS | 3. DSE      |
| KTEJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                  | 0.25   | KTEJ-DT2     | M                  | 0.25   | KTEJ-DT3                   | M                  | 0.25        |
| KTEJ-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M                  | 0.25   | WKNO         | C                  | 0.25   | WPXX-DT3                   | M                  | 1.00        |
| WTWV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                  | 0.25   | KKAP         | C                  | 0.25   | KETS                       | C                  | 0.25        |
| KETS-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M                  | 0.25   | KETS-DT3     | M                  | 0.25   | KETS-DT4                   | M                  | 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.<br>(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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                            |                    |             |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                            |                    | <b>0.00</b> |

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

Form SA3E Long Form (Rev. 05-17)

| Name                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SYSTEM ID#<br><b>2124</b>                                                                                                                                                                                                                                                                                                         |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
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| <b>Worksheet for Computing the DSE Schedule for Permitted Part-Time and Substitute Carriage</b> | <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.)<br>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.<br>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.<br>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).<br>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:<br>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br>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)).<br>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)).<br>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.<br>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.<br>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.<br><br><b>IMPORTANT:</b> The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division. |                                                                                                                                                                                                                                                                                                                                   |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
|                                                                                                 | <b>PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
|                                                                                                 | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. PRIOR DSE                                                                                                                                                                                                                                                                                                                      | 3. ACCOUNTING PERIOD | 4. BASIS OF CARRIAGE | 5. PRESENT DSE | 6. PERMITTED DSE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
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| <b>7</b><br><b>Computation of the Syndicated Exclusivity Surcharge</b>                          | <b>Instructions:</b> Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                   |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
|                                                                                                 | <b>BLOCK A: MAJOR TELEVISION MARKET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
|                                                                                                 | • 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?<br><input checked="" type="checkbox"/> Yes—Complete blocks B and C . <input type="checkbox"/> No—Proceed to part 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
|                                                                                                 | <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?<br><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br><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)<br><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br><input checked="" type="checkbox"/> No—Enter zero and proceed to part 8. |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
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| TOTAL DSEs                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>0.00</b>                                                                                                                                                                                                                                                                                                                       |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
| CALL SIGN                                                                                       | DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CALL SIGN                                                                                                                                                                                                                                                                                                                         | DSE                  |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |
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| TOTAL DSEs                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>0.00</b>                                                                                                                                                                                                                                                                                                                       |                      |                      |                |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |             |  |

DSE SCHEDULE. PAGE15.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SYSTEM ID#<br><b>2124</b> | Name                                                                                                                                                                                |
| <b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <div style="font-size: 2em; font-weight: bold;">7</div> <div style="text-align: left; font-weight: bold;">Computation<br/>of the<br/>Syndicated<br/>Exclusivity<br/>Surcharge</div> |
| Section 1                                                                                                                                                                                                                | Enter the amount of gross receipts from space K (page 7) . . . . . ▶ \$ <b>1,441,695.59</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                     |
| Section 2                                                                                                                                                                                                                | A. Enter the total DSEs from block B of part 7 . . . . . ▶ <b>0.00</b><br>B. Enter the total number of exempt DSEs from block C of part 7 . . . . . ▶ <b>0.00</b><br>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?<br><input type="checkbox"/> Yes—Complete section 3 below. <input checked="" 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?<br><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.<br>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.<br>A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>D. Multiply line B by line C and enter here . . . . . ▶ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>  |                           |                                                                                                                                                                                     |
| Section 3b                                                                                                                                                                                                               | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.<br>A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>C. Multiply line B by 3.000 and enter here . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here . . . . . ▶ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>F. Multiply line D by line E and enter here . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |                           |                                                                                                                                                                                     |
| <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?<br><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.<br>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.<br>A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>D. Multiply line B by line C and enter here . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>  |                           |                                                                                                                                                                                     |

| Name                                                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SYSTEM ID#  |
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|                                                                        | <b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>2124</b> |
| <b>7</b><br><b>Computation of the Syndicated Exclusivity Surcharge</b> | <b>Section 4b</b><br>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.<br>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ <u>                    </u><br>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ <u>                    </u><br>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ <u>                    </u><br>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ <u>                    </u><br>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ <u>                    </u><br>F. Multiply line D by line E and enter here . . . . . ▶ \$ <u>                    </u><br>G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)<br><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
| <b>8</b><br><b>Computation of Base Rate Fee</b>                        | <b>Instructions:</b><br>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.<br>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>• 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.<br><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.<br><br><b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b><br>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.<br><br><b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b><br><b>Section 1</b><br>Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <u>                    </u><br><b>Section 2</b><br>Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) . . . . . ▶ <u>                    </u><br><b>Section 3</b><br>If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.<br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1). . . . . ▶ \$ <u>                    </u><br>B. Enter 0.00701 of gross receipts<br>(the amount in section 1). . . . . ▶ <u>                    </u><br>C. Subtract 1.000 from total DSEs<br>(the figure in section 2) and enter here. . . . . ▶ <u>                    </u> -<br>D. Multiply line B by line C and enter here. . . . . ▶ \$ <u>                    </u><br>E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)<br><b>Base Rate Fee.</b> . . . . . ▶ \$ <u>                    </u> <b>0.00</b> |             |

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SYSTEM ID#  | Name                                                                                                                                                                                              |
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|                     | <b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2124</b> |                                                                                                                                                                                                   |
| Section<br><b>4</b> | <p>If the figure in section 2 is <b>more than 4.000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here ..... ▶ _____</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>8</b>    | <b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                                                                       |
|                     | <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> | <b>9</b>    | <b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SYSTEM ID#<br><b>2124</b> |
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|      | <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> |                           |

|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |               |                                                           | SYSTEM ID#<br><b>2124</b>   |     | Name                                                                                                                                       |  |              |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |           |     |               | SECOND SUBSCRIBER GROUP                                   |                             |     |                                                                                                                                            |  |              |  |
| COMMUNITY/ AREA <b>Miss., Poinsett, Crittenden, St. Fr</b>                                                                                                        |     |           |     |               | COMMUNITY/ AREA <b>Cross, Dyer, and Poinsett Counties</b> |                             |     |                                                                                                                                            |  |              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN     | DSE                                                       | CALL SIGN                   | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00          |                                                           | Total DSEs                  |     |                                                                                                                                            |  | 0.50         |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ 963,428.04 |                                                           | Gross Receipts Second Group |     |                                                                                                                                            |  | \$ 35,134.20 |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ 0.00       |                                                           | Base Rate Fee Second Group  |     |                                                                                                                                            |  | \$ 186.91    |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |           |     |               | FOURTH SUBSCRIBER GROUP                                   |                             |     |                                                                                                                                            |  |              |  |
| COMMUNITY/ AREA <b>Craighead County - Central</b>                                                                                                                 |     |           |     |               | COMMUNITY/ AREA <b>Craighead, Randolph, Lawrence Co.</b>  |                             |     |                                                                                                                                            |  |              |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN     | DSE                                                       | CALL SIGN                   | DSE |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
|                                                                                                                                                                   |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  |              |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00          |                                                           | Total DSEs                  |     |                                                                                                                                            |  | 1.50         |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ 224,950.93 |                                                           | Gross Receipts Fourth Group |     |                                                                                                                                            |  | \$ 60,400.17 |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ 0.00       |                                                           | Base Rate Fee Fourth Group  |     |                                                                                                                                            |  | \$ 854.36    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |               |                                                           |                             |     |                                                                                                                                            |  | \$ 1,894.86  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                    |             |           |     |                                                          |                  | SYSTEM ID#<br><b>2124</b>   |     | Name                                                                                                                                       |             |  |                 |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |             |           |     |                                                          |                  |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |             |  |                 |
| NINTH SUBSCRIBER GROUP                                                                                                                                     |             |           |     | TENTH SUBSCRIBER GROUP                                   |                  |                             |     |                                                                                                                                            |             |  |                 |
| COMMUNITY/ AREA <b>Clark, Woodruff, Arkansas, and I</b>                                                                                                    |             |           |     | COMMUNITY/ AREA <b>Independence, Searcy, and Jackson</b> |                  |                             |     |                                                                                                                                            |             |  |                 |
| CALL SIGN                                                                                                                                                  | DSE         | CALL SIGN | DSE | CALL SIGN                                                | DSE              | CALL SIGN                   | DSE |                                                                                                                                            |             |  |                 |
| <b>KKAP</b>                                                                                                                                                | <b>0.25</b> |           |     | <b>KKAP</b>                                              | <b>0.25</b>      |                             |     |                                                                                                                                            |             |  |                 |
|                                                                                                                                                            |             |           |     | <b>KETS</b>                                              | <b>0.25</b>      |                             |     |                                                                                                                                            |             |  |                 |
|                                                                                                                                                            |             |           |     | <b>KETS-DT2</b>                                          | <b>0.25</b>      |                             |     |                                                                                                                                            |             |  |                 |
|                                                                                                                                                            |             |           |     | <b>KETS-DT3</b>                                          | <b>0.25</b>      |                             |     |                                                                                                                                            |             |  |                 |
|                                                                                                                                                            |             |           |     | <b>KETS-DT4</b>                                          | <b>0.25</b>      |                             |     |                                                                                                                                            |             |  |                 |
| Total DSEs                                                                                                                                                 |             |           |     | <b>0.25</b>                                              | Total DSEs       |                             |     |                                                                                                                                            | <b>1.25</b> |  |                 |
| Gross Receipts First Group                                                                                                                                 | \$          |           |     |                                                          | <b>5,405.68</b>  | Gross Receipts Second Group | \$  |                                                                                                                                            |             |  | <b>9,983.96</b> |
| Base Rate Fee First Group                                                                                                                                  | \$          |           |     |                                                          | <b>14.38</b>     | Base Rate Fee Second Group  | \$  |                                                                                                                                            |             |  | <b>123.73</b>   |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                  |             |           |     | TWELVTH SUBSCRIBER GROUP                                 |                  |                             |     |                                                                                                                                            |             |  |                 |
| COMMUNITY/ AREA <b>Benton, Washington,Crawford, a</b>                                                                                                      |             |           |     | COMMUNITY/ AREA <b>0</b>                                 |                  |                             |     |                                                                                                                                            |             |  |                 |
| CALL SIGN                                                                                                                                                  | DSE         | CALL SIGN | DSE | CALL SIGN                                                | DSE              | CALL SIGN                   | DSE |                                                                                                                                            |             |  |                 |
| <b>KTEJ</b>                                                                                                                                                | <b>0.25</b> |           |     |                                                          |                  |                             |     |                                                                                                                                            |             |  |                 |
| <b>KTEJ-DT2</b>                                                                                                                                            | <b>0.25</b> |           |     |                                                          |                  |                             |     |                                                                                                                                            |             |  |                 |
| <b>KTEJ-DT3</b>                                                                                                                                            | <b>0.25</b> |           |     |                                                          |                  |                             |     |                                                                                                                                            |             |  |                 |
| <b>KTEJ-DT4</b>                                                                                                                                            | <b>0.25</b> |           |     |                                                          |                  |                             |     |                                                                                                                                            |             |  |                 |
| Total DSEs                                                                                                                                                 |             |           |     | <b>1.00</b>                                              | Total DSEs       |                             |     |                                                                                                                                            | <b>0.00</b> |  |                 |
| Gross Receipts Third Group                                                                                                                                 | \$          |           |     |                                                          | <b>15,709.80</b> | Gross Receipts Fourth Group | \$  |                                                                                                                                            |             |  | <b>0.00</b>     |
| Base Rate Fee Third Group                                                                                                                                  | \$          |           |     |                                                          | <b>167.15</b>    | Base Rate Fee Fourth Group  | \$  |                                                                                                                                            |             |  | <b>0.00</b>     |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |           |     |                                                          |                  |                             |     |                                                                                                                                            |             |  |                 |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | EIGHTEENTH SUBSCRIBER GROUP    |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                                       |     |                |     |                             | TWENTIETH SUBSCRIBER GROUP     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>               |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-FOURTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</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 <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | TWENTY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>2124</b>                                        |     | <b>Name</b>                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                                                         |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     | THIRTY-FOURTH SUBSCRIBER GROUP                   |     |                                                                         |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                         |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                               | DSE |                                                                                                                                            |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                         |     |                                                                                                                                            |
| Gross Receipts First Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ ..... <b>0.00</b> |     |                                                                         |     |                                                                                                                                            |
| Base Rate Fee First Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ ..... <b>0.00</b>  |     |                                                                         |     |                                                                                                                                            |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | THIRTY-SIXTH SUBSCRIBER GROUP                    |     |                                                                         |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                         |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                               | DSE |                                                                                                                                            |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                         |     |                                                                                                                                            |
| Gross Receipts Third Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ ..... <b>0.00</b> |     |                                                                         |     |                                                                                                                                            |
| Base Rate Fee Third Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ ..... <b>0.00</b>  |     |                                                                         |     |                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |     |                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | THIRTY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | FORTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FORTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | FORTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FIFTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | FIFTY-SECOND SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-FOURTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | FIFTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                  |                                | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                           |     |                                                                                                                                            |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | SIXTY-SECOND SUBSCRIBER GROUP  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                           |     |                                                                                                                                            |  |
| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |                                |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group ..... \$ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group ..... \$ <b>0.00</b> |                                |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group ..... \$ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group ..... \$ <b>0.00</b>  |                                |                           |     |                                                                                                                                            |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | SIXTY-FOURTH SUBSCRIBER GROUP  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                           |     |                                                                                                                                            |  |
| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |                                |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group ..... \$ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group ..... \$ <b>0.00</b> |                                |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group ..... \$ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group ..... \$ <b>0.00</b>  |                                |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | SIXTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SEVENTIETH SUBSCRIBER GROUP                          |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SECOND SUBSCRIBER GROUP                      |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b>                                                                             |     |           |     |                                                      |     | <b>SYSTEM ID#</b><br><b>2124</b> |     | <b>Name</b>                                                                                                                                                                             |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                    |     |           |     |                                                      |     |                                  |     |                                                                                                                                                                                         |  |
| <b>SEVENTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                      |     |           |     | <b>SEVENTY-FOURTH SUBSCRIBER GROUP</b>               |     |                                  |     | <div style="text-align: center; font-size: 2em;">9</div> Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                       |     |                                  |     |                                                                                                                                                                                         |  |
| .....                                                                                                                                                      |     |           |     | .....                                                |     |                                  |     |                                                                                                                                                                                         |  |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                                         |  |
|                                                                                                                                                            |     |           |     |                                                      |     |                                  |     |                                                                                                                                                                                         |  |
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| Total DSEs ..... <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs ..... <b>0.00</b>                         |     |                                  |     |                                                                                                                                                                                         |  |
| Gross Receipts First Group     \$ ..... <b>0.00</b>                                                                                                        |     |           |     | Gross Receipts Second Group     \$ ..... <b>0.00</b> |     |                                  |     |                                                                                                                                                                                         |  |
| Base Rate Fee First Group     \$ ..... <b>0.00</b>                                                                                                         |     |           |     | Base Rate Fee Second Group     \$ ..... <b>0.00</b>  |     |                                  |     |                                                                                                                                                                                         |  |
| <b>SEVENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                      |     |           |     | <b>SEVENTY-SIXTH SUBSCRIBER GROUP</b>                |     |                                  |     |                                                                                                                                                                                         |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                       |     |                                  |     |                                                                                                                                                                                         |  |
| .....                                                                                                                                                      |     |           |     | .....                                                |     |                                  |     |                                                                                                                                                                                         |  |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                            | DSE | CALL SIGN                        | DSE |                                                                                                                                                                                         |  |
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| Total DSEs ..... <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs ..... <b>0.00</b>                         |     |                                  |     |                                                                                                                                                                                         |  |
| Gross Receipts Third Group     \$ ..... <b>0.00</b>                                                                                                        |     |           |     | Gross Receipts Fourth Group     \$ ..... <b>0.00</b> |     |                                  |     |                                                                                                                                                                                         |  |
| Base Rate Fee Third Group     \$ ..... <b>0.00</b>                                                                                                         |     |           |     | Base Rate Fee Fourth Group     \$ ..... <b>0.00</b>  |     |                                  |     |                                                                                                                                                                                         |  |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                      |     |                                  |     | <div style="border: 1px solid black; height: 20px;"></div>                                                                                                                              |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                                                                 |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |                |     |                             | SEVENTY-EIGHTH SUBSCRIBER GROUP                      |                           |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations                                      |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                                                                 |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                                                                 |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                                                                 |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |                |     |                             | EIGHTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                                                                 |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                                                                 |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                                                                 |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | EIGHTY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | EIGHTY-FOURTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | NINETY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | NINETY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | ONE HUNDREDTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                        | ONE HUNDRED SIXTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |           |     |                                                                        | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                               | ONE HUNDRED TENTH SUBSCRIBER GROUP                          |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     |                                                                               | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |                |     |                             | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |                |     |                             | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                                            |     |                                                      |     | SYSTEM ID#<br><b>2124</b>                  |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                            |     |                                                      |     |                                            |     |                                                                                                                                            |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |                                            |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP              |     |                                            |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                                            |     |                                                      |     |                                            |     |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Second Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Second Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                                                                            |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |                                            |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP               |     |                                            |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                                            |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                                            |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                  | DSE | CALL SIGN                                            | DSE | CALL SIGN                                  | DSE |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <span style="float: right;">0.00</span>    |     | Total DSEs                                           |     | <span style="float: right;">0.00</span>    |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <span style="float: right;">0.00</span> |     | Gross Receipts Fourth Group                          |     | \$ <span style="float: right;">0.00</span> |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <span style="float: right;">0.00</span> |     | Base Rate Fee Fourth Group                           |     | \$ <span style="float: right;">0.00</span> |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                                                      |     |                                            |     |                                                                                                                                            |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                                            |     |                                                      |     |                                            |     |                                                                                                                                            |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                   |     | SYSTEM ID#<br><b>2124</b>                  |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |                                            |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                 |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     | COMMUNITY/ AREA 0                          |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN                                  | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                           |     | Total DSEs 0.00                            |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     | Gross Receipts Second Group \$ 0.00        |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     | Base Rate Fee Second Group \$ 0.00         |     |                                                                                                                          |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                 |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     | COMMUNITY/ AREA 0                          |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN                                  | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                           |     | Total DSEs 0.00                            |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     | Gross Receipts Fourth Group \$ 0.00        |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     | Base Rate Fee Fourth Group \$ 0.00         |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |                                            |     |                                                                                                                          |  |

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

|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                    |     |                                                                                                                                            |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>2124</b>                                                                   |     | <b>Name</b>                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                                                                                    |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP        |     |                                                                                                    |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                                                    |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                          | DSE |                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                                    |     |                                                                                                                                            |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                                                    |     |                                                                                                                                            |
| Gross Receipts First Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ ..... <b>0.00</b> |     |                                                                                                    |     |                                                                                                                                            |
| Base Rate Fee First Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ ..... <b>0.00</b>  |     |                                                                                                    |     |                                                                                                                                            |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP       |     |                                                                                                    |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                                                    |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                          | DSE |                                                                                                                                            |
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| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                                                    |     |                                                                                                                                            |
| Gross Receipts Third Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ ..... <b>0.00</b> |     |                                                                                                    |     |                                                                                                                                            |
| Base Rate Fee Third Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ ..... <b>0.00</b>  |     |                                                                                                    |     |                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |     |                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                      |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |                |     |                             | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |                |     |                             | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                  |                                                      | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group  |                                                      | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                    |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                                               | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                    |  |     |  |                                                       |  | SYSTEM ID#<br><b>2124</b> |  | Name                                                                                                                                       |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |  |     |  |                                                       |  |                           |  | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                   |  |     |  | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                 |  |                           |  |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |  |     |  | COMMUNITY/ AREA ..... <b>0</b>                        |  |                           |  |                                                                                                                                            |
| CALL SIGN                                                                                                                                                  |  | DSE |  | CALL SIGN                                             |  | DSE                       |  |                                                                                                                                            |
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|                                                                                                                                                            |  |     |  |                                                       |  |                           |  |                                                                                                                                            |
| Total DSEs ..... <b>0.00</b>                                                                                                                               |  |     |  | Total DSEs ..... <b>0.00</b>                          |  |                           |  |                                                                                                                                            |
| Gross Receipts First Group      \$ ..... <b>0.00</b>                                                                                                       |  |     |  | Gross Receipts Second Group      \$ ..... <b>0.00</b> |  |                           |  |                                                                                                                                            |
| Base Rate Fee First Group      \$ ..... <b>0.00</b>                                                                                                        |  |     |  | Base Rate Fee Second Group      \$ ..... <b>0.00</b>  |  |                           |  |                                                                                                                                            |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                   |  |     |  | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP             |  |                           |  |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                             |  |     |  | COMMUNITY/ AREA ..... <b>0</b>                        |  |                           |  |                                                                                                                                            |
| CALL SIGN                                                                                                                                                  |  | DSE |  | CALL SIGN                                             |  | DSE                       |  |                                                                                                                                            |
|                                                                                                                                                            |  |     |  |                                                       |  |                           |  |                                                                                                                                            |
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| Total DSEs ..... <b>0.00</b>                                                                                                                               |  |     |  | Total DSEs ..... <b>0.00</b>                          |  |                           |  |                                                                                                                                            |
| Gross Receipts Third Group      \$ ..... <b>0.00</b>                                                                                                       |  |     |  | Gross Receipts Fourth Group      \$ ..... <b>0.00</b> |  |                           |  |                                                                                                                                            |
| Base Rate Fee Third Group      \$ ..... <b>0.00</b>                                                                                                        |  |     |  | Base Rate Fee Fourth Group      \$ ..... <b>0.00</b>  |  |                           |  |                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |  |                                                       |  |                           |  |                                                                                                                                            |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     | SYSTEM ID#<br><b>2124</b>                 |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                                           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                 |     | COMMUNITY/ AREA 0                         |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                 | DSE |                                                                                                                          |  |
|                                                                                                                                                                   |     |                                           |     |                                                                                                                          |  |
|                                                                                                                                                                   |     |                                           |     |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                   |     | Total DSEs 0.00                           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                |     | Gross Receipts Second Group \$ 0.00       |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                 |     | Base Rate Fee Second Group \$ 0.00        |     |                                                                                                                          |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                 |     | COMMUNITY/ AREA 0                         |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                 | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                   |     | Total DSEs 0.00                           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                |     | Gross Receipts Fourth Group \$ 0.00       |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                 |     | Base Rate Fee Fourth Group \$ 0.00        |     |                                                                                                                          |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                           |     |                                                                                                                          |  |
| <div>\$</div>                                                                                                                                                     |     |                                           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>2124</b>                                                         |     | <b>Name</b>                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                                                                          |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP        |     |                                                                                          |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                                          |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                | DSE |                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                          |     |                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                          |     |                                                                                                                                            |
| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                                          |     |                                                                                                                                            |
| Gross Receipts First Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ ..... <b>0.00</b> |     |                                                                                          |     |                                                                                                                                            |
| Base Rate Fee First Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ ..... <b>0.00</b>  |     |                                                                                          |     |                                                                                                                                            |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP            |     |                                                                                          |     |                                                                                                                                            |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA ..... <b>0</b>                   |     |                                                                                          |     |                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                                                                                | DSE |                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                          |     |                                                                                                                                            |
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|                                                                                                                                                                   |     |           |     |                                                  |     |                                                                                          |     |                                                                                                                                            |
| Total DSEs ..... <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs ..... <b>0.00</b>                     |     |                                                                                          |     |                                                                                                                                            |
| Gross Receipts Third Group \$ ..... <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ ..... <b>0.00</b> |     |                                                                                          |     |                                                                                                                                            |
| Base Rate Fee Third Group \$ ..... <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ ..... <b>0.00</b>  |     |                                                                                          |     |                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> |     |                                                                                                                                            |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|-----------------------------|-----------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                      |     |                             |                                                           | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |                      |     |                             | SECOND SUBSCRIBER GROUP                                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>Miss., Poinsett, Crittenden, St. F</b>                                                                                                         |     |                      |     |                             | COMMUNITY/ AREA <b>Cross, Dyer, and Poinsett Counties</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                                                       | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                                                           | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>963,428.04</b> |     | Gross Receipts Second Group |                                                           | \$ <b>35,134.20</b>       |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b>       |     | Base Rate Fee Second Group  |                                                           | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |                      |     |                             | FOURTH SUBSCRIBER GROUP                                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>Craighead County - Central</b>                                                                                                                 |     |                      |     |                             | COMMUNITY/ AREA <b>Craighead, Randolph, Lawrence Co.</b>  |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                                                       | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                      |     | <b>WPXX</b>                 | <b>1.00</b>                                               |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                      |     |                             |                                                           |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                                                           | <b>1.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>224,950.93</b> |     | Gross Receipts Fourth Group |                                                           | \$ <b>60,400.17</b>       |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b>       |     | Base Rate Fee Fourth Group  |                                                           | \$ <b>2,265.01</b>        |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                      |     |                             |                                                           | \$ <b>3,077.93</b>        |     |                                                                                                                                            |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |              |                                                           | SYSTEM ID#<br><b>2124</b>   |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |              | SIXTH SUBSCRIBER GROUP                                    |                             |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>Craighead County - North</b>                                                                                                                   |     |           |     |              | COMMUNITY/ AREA <b>Jackson County</b>                     |                             |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN    | DSE                                                       | CALL SIGN                   | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00         |                                                           | Total DSEs                  |     | 1.00                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ 37,807.74 |                                                           | Gross Receipts Second Group |     | \$ 21,677.88                                                                                                                               |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ 0.00      |                                                           | Base Rate Fee Second Group  |     | \$ 812.92                                                                                                                                  |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |              | EIGHTH SUBSCRIBER GROUP                                   |                             |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>Dunklin and Cape Girardeau Co</b>                                                                                                              |     |           |     |              | COMMUNITY/ AREA <b>White, Conway, Pope, Lonoke, Pulas</b> |                             |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN    | DSE                                                       | CALL SIGN                   | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           |     | 0.00         |                                                           | Total DSEs                  |     | 0.00                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ 7,624.39  |                                                           | Gross Receipts Fourth Group |     | \$ 59,572.80                                                                                                                               |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ 0.00      |                                                           | Base Rate Fee Fourth Group  |     | \$ 0.00                                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |
| \$                                                                                                                                                                |     |           |     |              |                                                           |                             |     |                                                                                                                                            |  |

[illegible]

## Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                      |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                       |     |                |     | FOURTEENTH SUBSCRIBER GROUP                          |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| FIFTEENTH SUBSCRIBER GROUP                                                                                                                                        |     |                |     | SIXTEENTH SUBSCRIBER GROUP                           |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------|-----|------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     | SYSTEM ID#<br><b>2124</b>                        |     | Name                                                                                     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                                  |     | 9                                                                                        |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     | TWENTY-SECOND SUBSCRIBER GROUP                   |     |                                                                                          |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                                                                          |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                        | DSE |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
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|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     | Total DSEs _____ <b>0.00</b>                     |     |                                                                                          |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                                                                          |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                                                                          |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     | TWENTY-FOURTH SUBSCRIBER GROUP                   |     |                                                                                          |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                                                                          |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                        | DSE |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
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|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
|                                                                                                                                                                   |     |                                                  |     |                                                                                          |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     | Total DSEs _____ <b>0.00</b>                     |     |                                                                                          |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                                                                          |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                                                                          |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                                  |     | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> |

### Nonpermitted 3.75 Stations

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## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTY-SECOND SUBSCRIBER GROUP                       |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

### Nonpermitted 3.75 Stations

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### Nonpermitted 3.75 Stations

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### Nonpermitted 3.75 Stations

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## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-SECOND SUBSCRIBER GROUP                        |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

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## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|--------------------------------|----------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                | <b>SYSTEM ID#</b><br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTY-SECOND SUBSCRIBER GROUP  |                                  |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                                  |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                        | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                      |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                | <b>\$ 0.00</b>                   |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                | <b>\$ 0.00</b>                   |     |                                                                                                                                            |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |                |     |                             | SIXTY-FOURTH SUBSCRIBER GROUP  |                                  |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                                  |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                        | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                                  |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>                      |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                | <b>\$ 0.00</b>                   |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                | <b>\$ 0.00</b>                   |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                                  |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></span>      |  |

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SEVENTIETH SUBSCRIBER GROUP                          |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SECOND SUBSCRIBER GROUP                      |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     |                                                                        | SEVENTY-EIGHTH SUBSCRIBER GROUP                      |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | EIGHTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

9

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

### Nonpermitted 3.75 Stations

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|--------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                             |                                | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |                |     |                             | EIGHTY-SIXTH SUBSCRIBER GROUP  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |                |     |                             | EIGHTY-EIGHTH SUBSCRIBER GROUP |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA ..... <b>0</b>                                                                                                                                    |     |                |     |                             | COMMUNITY/ AREA ..... <b>0</b> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                             |                                |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

[illegible]

### Nonpermitted 3.75 Stations

U.S. Copyright Office

|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------------------------------------------|-------------------------------------|-----------|---------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                    |     |           |     |                                                         |                                     |           | SYSTEM ID#<br><b>2124</b> |          | Name                                                                                                                                       |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |     |           |     |                                                         |                                     |           |                           |          | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                         | ONE HUNDRED SECOND SUBSCRIBER GROUP |           |                           |          |                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                             |     |           |     |                                                         | COMMUNITY/ AREA _____ <b>0</b>      |           |                           |          |                                                                                                                                            |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                               | DSE                                 | CALL SIGN | DSE                       |          |                                                                                                                                            |
|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
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|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                            |                                     |           |                           |          |                                                                                                                                            |
| Gross Receipts First Group        \$ _____ <b>0.00</b>                                                                                                     |     |           |     | Gross Receipts Second Group        \$ _____ <b>0.00</b> |                                     |           |                           |          |                                                                                                                                            |
| Base Rate Fee First Group        \$ _____ <b>0.00</b>                                                                                                      |     |           |     | Base Rate Fee Second Group        \$ _____ <b>0.00</b>  |                                     |           |                           |          |                                                                                                                                            |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                         | ONE HUNDRED FOURTH SUBSCRIBER GROUP |           |                           |          |                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                             |     |           |     |                                                         | COMMUNITY/ AREA _____ <b>0</b>      |           |                           |          |                                                                                                                                            |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                               | DSE                                 | CALL SIGN | DSE                       |          |                                                                                                                                            |
|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
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|                                                                                                                                                            |     |           |     |                                                         |                                     |           |                           |          |                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                            |                                     |           |                           |          |                                                                                                                                            |
| Gross Receipts Third Group        \$ _____ <b>0.00</b>                                                                                                     |     |           |     | Gross Receipts Fourth Group        \$ _____ <b>0.00</b> |                                     |           |                           |          |                                                                                                                                            |
| Base Rate Fee Third Group        \$ _____ <b>0.00</b>                                                                                                      |     |           |     | Base Rate Fee Fourth Group        \$ _____ <b>0.00</b>  |                                     |           |                           |          |                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                         |                                     |           |                           | \$ _____ |                                                                                                                                            |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                        | ONE HUNDRED TENTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     |                                                                        | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                 |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

## Nonpermitted 3.75 Stations

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                      |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |                |     | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |                |     | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |

## Nonpermitted 3.75 Stations

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                             |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                     |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                                 |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                                  |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |                |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                      |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                                 |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                                  |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                                             |     |                           |     |                                                                                                                                            |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>2124</b> |     | Name                                                                                                                                                                                                                             |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                        | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP           |                            |     |                                                                                                                                                                                                                                  |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                        | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP           |                            |     |                                                                                                                                                                                                                                  |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                                                                                                                                  |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; background-color: #ffffcc; width: 150px; height: 20px; margin: 0 auto;"></div>                                                                                                              |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     |                                                                               | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                      |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP               |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP           |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |

### Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                      |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP           |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Second Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Second Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <u>0.00</u>    |     | Total DSEs                                           |     | <u>0.00</u>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <u>0.00</u> |     | Gross Receipts Fourth Group                          |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <u>0.00</u> |     | Base Rate Fee Fourth Group                           |     | \$ <u>0.00</u>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

### Nonpermitted 3.75 Stations

[illegible]

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                    |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                                               | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP            |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP             |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                       |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                           |     |                |     |                                                      |     | SYSTEM ID#<br><b>2124</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                |     | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP            |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                          |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                           |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                |     |                           |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>               |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                          |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                           |     | \$ <b>0.00</b>            |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div>                                         |  |

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| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> First 50 major television market</span> <span><input type="checkbox"/> Second 50 major television market</span> </div>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>INSTRUCTIONS:</b></p> <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>FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>  | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
| <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <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>FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                         | <b>SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ELEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>TWELVTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|

9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EIGHTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TWENTYTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| <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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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> | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b> |  |
|             | <b>SYSTEM ID#</b><br><b>2124</b>                                               |  |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <p><b>INSTRUCTIONS:</b></p> <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>TWENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TWENTY-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"/>                                                                                                                       |
|                                                                                                                                                                                                                                 | 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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 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><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>THIRTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>THIRTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>THIRTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <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>THIRTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>THIRTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                         | <b>THIRTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>THIRTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |

|             |                                                                         |  |                                  |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|

9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THIRTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -  | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -  |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| <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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>FORTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FORTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FORTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FORTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>FORTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FORTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FORTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>FORTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>FORTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FIFTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FIFTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FIFTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>FIFTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FIFTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FIFTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FIFTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |

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| <b>Name</b>                                                                                                                                                                                                                                                                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <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>FIFTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>FIFTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
|                                                                                                                                                                                                                                                                                               | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                               | <b>FIFTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIXTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |
|                                                                                                                                                                                                                                                                                               | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |

| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</b>                                          | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Ritter Cable Corporation</b></div><div><b>SYSTEM ID#</b><br/><b>2124</b></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b></div> <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> <div style="display: flex; justify-content: space-around; margin: 10px 0;"><input type="checkbox"/> First 50 major television market</div> <div style="display: flex; justify-content: space-around; margin: 10px 0;"><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b></p> <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> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">SIXTY-FIRST SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">SIXTY-SECOND SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$ <input style="width: 100px;" type="text"/></td><td style="padding: 5px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">SIXTY-THIRD SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">SIXTY-FOURTH SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. 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Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></div> | SIXTY-FIRST SUBSCRIBER GROUP | SIXTY-SECOND SUBSCRIBER GROUP | 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/> | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> | SIXTY-THIRD SUBSCRIBER GROUP | SIXTY-FOURTH SUBSCRIBER GROUP | 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. 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| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                             | SIXTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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            |                                                                                                                                                                                                          |                                                                                                                |                                                                                                                 |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 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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| 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                             | SIXTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 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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| 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>SIXTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SIXTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SIXTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SIXTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |

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|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|

9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEVENTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEVENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -  | Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span><br>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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -  |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                   |
| <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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|             |                                                                         |  |                                  |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|

9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEVENTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEVENTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>  | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|             |                                                                                |  |
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| <b>Name</b> | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b> |  |
|             | <b>SYSTEM ID#</b><br><b>2124</b>                                               |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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><br><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.<br><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.<br><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.<br><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>SEVENTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SEVENTY-EIGHTH 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"/></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"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SEVENTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>EIGHTIETH 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"/></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"/></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>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| <b>Name</b>                                                                                                                                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div>                                                                                        | <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> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> First 50 major television market</span> <span><input type="checkbox"/> Second 50 major television market</span> </div> <p><b>INSTRUCTIONS:</b></p> <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>EIGHTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>EIGHTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                         | <b>EIGHTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>EIGHTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |

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| <b>Name</b>                                                                                                                                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> First 50 major television market</span> <span><input type="checkbox"/> Second 50 major television market</span> </div> <p><b>INSTRUCTIONS:</b></p> <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>EIGHTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>EIGHTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                         | <b>EIGHTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>EIGHTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs. . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                                                                                                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <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>EIGHTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NINETIETH 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"/></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"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                  |
|                                                                                                                                                                                                                                        | <b>NINETY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NINETY-SECOND 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"/></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"/></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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <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>NINETY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NINETY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                  |
|                                                                                                                                                                                                                                                                                                                         | <b>NINETY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NINETY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|                                                                                                                                                                                                                                                                                                                         | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Line 1: Enter the VHF DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> <p>Line 2: Enter the Exempt DSEs . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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 . . . . . <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span> -</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></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) . . . . . \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; background-color: yellow;"></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |

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| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>NINETY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>NINETY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NINETY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>ONE HUNDREDTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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| <b>Name</b> | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b> |  |
|             | <b>SYSTEM ID#</b><br><b>2124</b>                                               |  |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <p><b>INSTRUCTIONS:</b></p> <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>ONE HUNDRED FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
| <b>ONE HUNDRED THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                       | <b>ONE HUNDRED 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><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |

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|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                                                                              | ONE HUNDRED SIXTH SUBSCRIBER GROUP                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                            | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                                                                                                                                                                      |
| 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><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ONE HUNDRED TENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED ELEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ONE HUNDRED TWELVTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div> <p><b>INSTRUCTIONS:</b></p> <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>ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |
|                                                                                                                                                                                                                                 | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                 | <b>ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
|                                                                                                                                                                                                                                 | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|

9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                                                                        | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                                                                                                                                                                  |
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| 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                                                                                         | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                                                                                                                                                                   |
| 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><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Ritter Cable Corporation</b></div><div><b>SYSTEM ID#<br/>2124</b></div></div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"><p style="text-align: center; margin: 0;"><b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b></p><p style="margin: 10px 0;">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><div style="display: flex; justify-content: space-around; margin: 10px 0;"><span><input type="checkbox"/> First 50 major television market</span><span><input type="checkbox"/> Second 50 major television market</span></div><p><b>INSTRUCTIONS:</b></p><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></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                            |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%; text-align: center; padding: 5px;">ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center; padding: 5px;">ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 10px; vertical-align: top;"><div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>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"/></div><div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$ <input style="width: 100px;" type="text"/></div></td><td style="padding: 10px; vertical-align: top;"><div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>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"/></div><div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></div></td></tr><tr><td style="padding: 10px; vertical-align: top;"><div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>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"/></div><div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></div></td><td style="padding: 10px; vertical-align: top;"><div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div><div>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"/></div><div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></div></td></tr><tr><td colspan="2" style="padding: 10px;"><div><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"/></div></td></tr></tbody></table> | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP | <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>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"/></div> <div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$ <input style="width: 100px;" type="text"/></div> | <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>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"/></div> <div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></div> | <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>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"/></div> <div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></div> | <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>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"/></div> <div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></div> | <div><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"/></div> |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                         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| <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>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"/></div> <div style="margin-top: 10px;"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$ <input style="width: 100px;" type="text"/></div> | <div>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></div> <div>Line 3: Subtract line 2 from line 1 and enter here. 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| <div><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"/></div>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>Name</b> | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b> |  |
|             | <b>SYSTEM ID#</b><br><b>2124</b>                                               |  |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <p><b>INSTRUCTIONS:</b></p> <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>ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ONE HUNDRED TWENTY-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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
| <b>ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                              | <b>ONE HUNDRED TWENTY-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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |
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| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ONE HUNDRED THIRTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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:<br><b>Ritter Cable Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>2124</b> |
| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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>                                                                                                                                                                                                                                                                             | <div style="display: flex; justify-content: space-between;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Ritter Cable Corporation</b></div><div><b>SYSTEM ID#</b><br/><b>2124</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                  |
| <div style="font-size: 2em; font-weight: bold;">9</div> <div style="text-align: left; padding-top: 10px;"><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</b></div>                         | <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> <div style="display: flex; justify-content: space-around;"><span><input type="checkbox"/> First 50 major television market</span><span><input type="checkbox"/> Second 50 major television market</span></div> <p><b>INSTRUCTIONS:</b></p> <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>ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Line 1: Enter the VHF DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                          |
|                                                                                                                                                                                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Line 2: Enter the Exempt DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                       |
|                                                                                                                                                                                                                                                                                         | 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 . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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 . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |
| <b>ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                        | <b>ONE HUNDRED FORTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                  |
| Line 1: Enter the VHF DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                 | Line 1: Enter the VHF DSEs . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |
| Line 2: Enter the Exempt DSEs. . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                   | Line 2: Enter the Exempt DSEs. . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 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 . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                        | 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 . . . . . <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                  |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |
| <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) . . . . . \$ <div style="border: 1px solid black; width: 100px; height: 15px; background-color: yellow;"></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                  |

|             |                                                                         |  |                                  |
|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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|-------------|-------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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9

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

☐ First 50 major television market
 ☐ Second 50 major television market

**INSTRUCTIONS:**

**Step 1:** 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.

**Step 2:** 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.

**Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

**Step 4:** 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.

| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                        | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                        | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                |
| 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><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/> |                                                                                                                                                                                                          |

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| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Ritter Cable Corporation</b> |  | <b>SYSTEM ID#</b><br><b>2124</b> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> First 50 major television market           <input type="checkbox"/> Second 50 major television market         </div>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><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.<br><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.<br><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.<br><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>ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/><br><br>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"/> -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>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"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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|-------------|--------------------------------------------------------------------------------|--|
| <b>Name</b> | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Ritter Cable Corporation</b> |  |
|             | <b>SYSTEM ID#</b><br><b>2124</b>                                               |  |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>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> <p><b>INSTRUCTIONS:</b></p> <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>ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ONE HUNDRED FIFTY-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>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
| First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                             | Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |
| <b>ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                 | <b>ONE HUNDRED SIXTIETH 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"/>                                                                                                                                                             | 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"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |

CONTROL #:

REMITTANCE #:



# Cable Worksheet

 Total amount of  
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

| Cable ID #                                                                  |                                                                                                                                                                    |                            |                   | Amount | Initials |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|--------|----------|
| Examined by                                                                 | Reviewed by                                                                                                                                                        | Date examination completed | Allocation number |        |          |
| Space A<br>Accounting<br>Period                                             | <div style="background-color: yellow; width: 150px; height: 20px;"></div> (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces) |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received                                                                                 |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |
| Space B<br>Owner                                                            |                                                                                                                                                                    |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received                                                                                 |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |
| Space D<br>Area Served                                                      |                                                                                                                                                                    |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received                                                                                 |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |
| Space E<br>Secondary<br>Transission<br>Service<br>Subscribers:<br>and Rates |                                                                                                                                                                    |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received                                                                                 |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |
| Space G<br>Primary<br>Transmitters:<br>Television                           |                                                                                                                                                                    |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received                                                                                 |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |
| Space H<br>Primary<br>Transmitters:<br>Radio                                |                                                                                                                                                                    |                            |                   |        |          |
|                                                                             | <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact                                                                                 |                            |                   |        |          |

 Space I  
Substitute

|                                                |                                                              |
|------------------------------------------------|--------------------------------------------------------------|
|                                                | <b>Carriage</b>                                              |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space J<br/>Part-time<br/>Carriage Log<br/>(SA3 only)</b> |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space K<br/>Gross Receipts</b>                            |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space L<br/>Copyright Filing<br/>and Royalty Fees</b>     |
| <input type="checkbox"/> Royalty Fee should be | <input type="checkbox"/> Refund request to fiscal            |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phoe call/Date/Contact              |
|                                                | <b>Space M<br/>Channels</b>                                  |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space O<br/>Certification</b>                             |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space P<br/>Statement of<br/>Gross Receipts</b>           |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space Q<br/>Interest<br/>Assessment</b>                   |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Info/add'l fee received             |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |