



ViP-TV by EchoStar

100 Inverness Terrace East
Englewood, CO 80112

Thank you for your interest in ViP-TV® by EchoStar.

Please take a few minutes to complete this questionnaire so that we can direct you to the appropriate person to answer your questions. We will respond to you shortly.

Contact Information:

Name:

Title:

Company Name:

Address:

Phone:

Email:

<p>What type of company do you represent?</p> <ul style="list-style-type: none"><input type="checkbox"/> Telco<input type="checkbox"/> MDU<input type="checkbox"/> Cable company<input type="checkbox"/> PCO<input type="checkbox"/> Hospitality<input type="checkbox"/> University<input type="checkbox"/> Engineering<input type="checkbox"/> Consulting<input type="checkbox"/> Other _____	<p>Do you offer a multi-channel TV service now?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>If yes:</p> <p>How many channels? _____</p> <p>Rates? _____</p> <p>How many subscribers do you have today?</p> <p>What is your planned growth and over what timeframe?</p>
<p>What is your number of homes passed?</p> <p>What is your number of access lines?</p> <p>Do you service single family units or MDUs or both?</p>	<p>How many head-ends do you have or need installed?</p> <p>Where are they located?</p>

<p>What is your current and/or planned architecture?</p> <p><input type="checkbox"/> FTTN</p> <p><input type="checkbox"/> FTTH</p> <p><input type="checkbox"/> HFC</p> <p><input type="checkbox"/> Coax</p> <p><input type="checkbox"/> XDSL</p> <p><input type="checkbox"/> ADSL +</p> <p><input type="checkbox"/> ADSL2</p> <p><input type="checkbox"/> VDSL</p> <p><input type="checkbox"/> Other _____</p>	<p>What is your timeframe to provide television service?</p>
<p>Are you working with an engineering consultant?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please provide contact information:</p>	<p>Do you have affiliate (sub-distribution rights)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, from where?</p> <p><input type="checkbox"/> NRTC</p> <p><input type="checkbox"/> NTTC</p> <p><input type="checkbox"/> NCTC</p> <p><input type="checkbox"/> Exclusive contract</p>
<p>What designated market area(s) do you cover (City/State/Zipcode)?</p>	<p>What type of programming are you interested in?</p> <p><input type="checkbox"/> SD</p> <p><input type="checkbox"/> HD</p> <p><input type="checkbox"/> VOD</p> <p><input type="checkbox"/> All of the above</p>

Additional Comments

Thank you, ViP-TV® by EchoStar

Please send your completed questionnaire to viptv@echostar.com