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 | | | | | | |
| | \$ | | | | | | |
| 08/28/2017 | ALLOCATION NUMBER | | | | | | |
| 00/20/2017 | | | | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | |
|----------------------|---|---------------------|------------------------------|-----------------|--|--|--|--|--|--|
| Accounting Period | 2017/1 | | | | | | | | | |
| | Instructions: | | | | | | | | | |
| B Owner | Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | |
| | CABLE ONE, INC. | | | | | | | | | |
| | · | | | | | | | | | |
| | | | | 01084120171 | | | | | | |
| | | | | 010841 2017/1 | | | | | | |
| | | | | | | | | | | |
| | 210 E. EARLL DRIVE | | | | | | | | | |
| | PHOENIX, AZ 85012-2626 | | | | | | | | | |
| | INSTRUCTIONS: In line 1, give any business or trade names used to id | dentify the busines | ss and operation of the syst | em unless these | | | | | | |
| С | names already appear in space B. In line 2, give the mailing address of | • | | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | | |
| | 221 S. SHARPE AVENUE, P.O. BOX 1200 2 (Number, street, rural route, apartment, or suite number) | | | | | | | | | |
| | CLEVELAND. MS 38732 | | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b | | | | | | |
| Area | with all communities. | | | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | | |
| First | CLEVELAND | MS | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | annel line-ups in S | pace G. | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Sample | Alda | MD | A | 1 | | | | | | |
| | Alliance | MD | В | 2 | | | | | | |
| | Gering | MD | В | 3 | | | | | | |

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

| TORINI SAJE. PAGE 10. | | | OVOTEM ID# | | | | | | | |
|---|-------------------|------------|------------|------------------------|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | | |
| CABLE ONE, INC. | | | 010841 | | | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. | | | | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be | a subscriber grou | | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | | |
| CLEVELAND | MS | Α | 1 | First | | | | | | |
| BOLIVAR COUNTY | MS | Α | 1 | Community | | | | | | |
| BOYLE | MS | Α | 1 | | | | | | | |
| DREW | MS | Α | 2 | | | | | | | |
| MERIGOLD | MS | Α | 1 | | | | | | | |
| MOUND BAYOU | MS | Α | 1 | See instructions for | | | | | | |
| PACE | MS | Α | 1 | additional information | | | | | | |
| RENOVA | MS | Α | 1 | on alphabetization. | | | | | | |
| RULEVILLE | MS | Α | 2 | | | | | | | |
| SHAW | MS | Α | 3 | | | | | | | |
| SHELBY | MS | Α | 1 | | | | | | | |
| SUNFLOWER COUNTY | MS | Α | 2 | Add rows as necessary. | | | | | | |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

010841

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL | OCK 1 | | BLOC | CK 2 | |
|--|-----------------------|--------------|---------------------|-----------------------|---|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | |
| Service to first set | 2,046 | \$ 29.00 | BULK UNIT | 427 | 149.11- |
| Service to additional set(s) | | | | | \$ 2,312.67 |
| FM radio (if separate rate) | | | | | |
| Motel, hotel | 10 | 45.00-360.00 | | | |
| Commercial | | | | | |
| Converter | | | | | |
| Residential | | | | | |
| Non-residential | | | | | |
| | | | | • { | *************************************** |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 2 | | | | | | |
|---|------------|---|------|-------|---------------------|----|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | R | ATE | CATEGORY OF SERVICE | F | RATE |
| Continuing Services: | | Installation: Non-residential | | | | | |
| Pay cable | 3.00-44.00 | Motel, hotel | COST | PLUS | TIER | \$ | 40.00 |
| Pay cable—add'l channel | | Commercial | COST | PLUS | DELUXE | \$ | 40.00 |
| Fire protection | | Pay cable | | | DIGITAL VALUE PAK | \$ | 14.00 |
| Burglar protection | | Pay cable-add'l channel | | | SHOWTIME | \$ | 17.00 |
| Installation: Residential | | Fire protection | | | НВО | \$ | 15.00 |
| First set | \$ 90.00 | Burglar protection | | | STARZ | \$ | 17.00 |
| Additional set(s) | | Other services: | | | | | |
| FM radio (if separate rate) | | Reconnect | \$ | 90.00 | MAX | \$ | 17.00 |
| Converter | | Disconnect | | | ESPANOL | \$ | 3.00 |
| | | Outlet relocation | \$ | 60.00 | | | |
| | | Move to new address | \$ | 30.00 | | | |
| | | | | | | | |

| | LEGAL NAME OF OWN | IER OF CABLE SY | YSTEM: | | | SYSTEM ID# | | |
|-----------|--|-----------------------------------|-------------------|-------------------|--------------------------|---|------------------------|--|
| | CABLE ONE, IN | IC. | | | | 010841 | Name | |
| PR | IMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| cai | rried by your cable s | system during t | he accounting | period, except | (1) stations carrie | s and low power television stations) ed only on a part-time basis under tain network programs [sections | G | |
| 76 sul | Primary Transmitters: | | | | | | | |
| Ju. | Television | | | | | | | |
| ba: | | | | | | | | |
| | | and also in spa formation cond | ace I, if the sta | | | tute basis and also on some other of the general instructions located | | |
| ea | | | - | | | es such as HBO, ESPN, etc. Identify ation. For example, report multi- | | |
| cas | st stream as "WETA | | | • | • | h stream separately; for example | | |
| | | | | • | | ion for broadcasting over-the-air in | | |
| | community of licens which your cable sy | • | | annel 4 in Wash | ington, D.C. This | may be different from the channel | | |
| ad | | | | | | ependent station, or a noncommercial cast), "I" (for independent), "I-M" | | |
| (fo | r independent multic | cast), "E" (for n | oncommercia | l educational), o | or "E-M" (for nonce | ommercial educational multicast). | | |
| | r the meaning of the Column 4: If the sta | | | | | he paper SA3 form. es". If not, enter "No". For an ex- | | |
| | nation of local servi | | | | | e paper SA3 form. stating the basis on which your | | |
| cal | ble system carried th | ne distant statio | on during the | accounting perio | od. Indicate by en | tering "LAC" if your cable system | | |
| cai | rried the distant stati For the retransmiss | • | | | | capacity. y payment because it is the subject | | |
| | a written agreement | entered into o | n or before Ju | ıne 30, 2009, be | tween a cable sy | stem or an association representing | | |
| | • | . , | | • | • . | ıry transmitter, enter the designa- ther basis, enter "O." For a further | | |
| | | | | | | ed in the paper SA3 form. y to which the station is licensed by the | | |
| | | | | | | h which the station is identifed. | | |
| No | te: If you are utilizin | g multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | T | CHANN | EL LINE-UP | AA | | | |
| 1. | CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| | SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | | |
| W | ABG-DT1 | 32 | N-M | No | (ii Diotain) | GREENWOOD, MS | | |
| W | ABG-DT2 | 32 | I-M | No | | GREENWOOD, MS | See instructions for | |
| W | HCQ-LP | 8 | I | No | | CLEVELAND, MS | additional information | |
| W | MAO | 25 | E | No | | GREENWOOD, MS | on alphabetization. | |
| W | MC | 5 | N | Yes | 0 | MEMPHIS, TN | | |
| W | NBD-LD | 2 | N | No | | GRENADA, MS | | |
| W | XVT | 15 | N | No | | GREENVILLE, MS | - | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|---|---|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | IC. | | | | 010841 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the consine effect on the consine effect on the consistency of the consiste | he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th | g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics. | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi Column 5: If you ha cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the | entering the lecast), "E" (for noise terms, see ation is outside ce area, see paye entered "Yine distant static ion on a part-ini ion of a distant entered into o a primary trans simulcasts, also aree categories e location of ea Canadian statio | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, if any, giv | etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search of the search of the search of the search of the general in the search of the search | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | |
| | · · | CHANN | EL LINE-UP | AB | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | |
|---|---|--|--|--|--|------------------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | YSTEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 010841 | Hamo |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| PRIMARY TRANSMITT In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Program ba Substitute Program ba Substitute Basis Subasis under specife 6 • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the discommendation of local served Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the step planation of local served Column 5: If you he cable system carried the carried the distant staffor the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | ERS: TELEVISIO G, identify every system during to ions in effect or 5.61(e)(2) and (sis, as explaine Stations: With the CC rules, regula a here in space only on a subs and also in space formation cond form. Ch station's call associated with associated | y television st he accounting in June 24, 194, or 76.63 (in 4), or 76.63 (in do in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state erning substiff sign. Do not re ha station acceptation in he station acceptation in he station. Whether the state of the extension in column on during the acceptation in during the me basis becare in or before Ju mitter or an acceptation in the control of the second in the control of the control of the control of the control of the control of the page (v) of the control of the control of the in or before Ju mitter or an acceptation. For the control of the contr | g period, except 81, permitting the 181, permitting to 181, permitting the 181, permitting to 181, permitting the 181, permit | (1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statement of both on a substitus, see page (v) of the Special Statement of the S | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is ilicensed by the th which the station is identifed. | G Primary Transmitters: Television |
| | .9 | | • | | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, IN | 1C. | | | | 010841 | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by our 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "-M" (for independent multicast), "E" (for noncommercial | | | | | | | | |
| Note: If you are utilizing | ig multiple chai | | · | | charmer ime-up. | | | |
| | I | CHANN | EL LINE-UP | AD | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, II | NC. | | | | 010841 | | | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | N | | | | | | |
| carried by your cable : FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis ! basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of license | system during the control of the con | ne accounting a June 24, 194, or 76.63 (red) in the next prespect to any attitions, or auth G—but do listitute basis. In the state of t | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination cording to its over be reported in courses assigned to the | (1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your carried by your carried by statement both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television stations). | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the aute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television | | |
| on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is | | | | | | | | |
| Note: If you are utilizing | | | EL LINE-UP | | Sharmor into ap. | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | IC. | | | | 010841 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the consine effect on the consine effect on the consistency of the consiste | he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th | g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our | (1) stations carried e carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television stat | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi Column 5: If you ha cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the | entering the lecast), "E" (for noise terms, see ation is outside ce area, see pave entered "Yine distant static ion on a part-tint ion of a distant entered into of a primary trans is imulcasts, also ree categories e location of ea Canadian statio | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, or server, given station. | etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, od. Indicate by en activated channel of subject to a royalty etween a cable sy- esenting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the match which the station is identifed. | |
| | · · | CHANN | EL LINE-UP | AF | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OW | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 010841 | |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Found 1 basis: For further in the paper SA3 found 1: List eareach multicast stream cast stream as "WETA-simulcast). Column 2: Give thits community of licen on which your cables Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you Ir cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or | G, identify even system during the tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. Ch station's call associated with A-2". Simulcast e channel numbers of the cast, "E" (for neese terms, see tation is outside ice area, see parave entered "Y the distant static tion on a part-tilision of a distant t entered into o a primary trans simulcasts, also here categories e location of ea Canadian statio | y television standard accounting in June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (v) | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in common as assigned to earned 4 in Wash ation is a network), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "constant of lack of a stam that is not some 30, 2009, be essociation repression of the general in tructive area of the general in tructive area. | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statistical program of the television of the televisi | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If not, enter "O." to which the station is licensed by the match which the station is identified. | Primary Transmitters: Television |
| Note: If you are utilizi | <u> </u> | • | • | • | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 010841 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas | G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(| y television standard page (v) of the local servage (v) of the local se | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This work station, an indefor network multicuter "E-M" (for noncontions located in the special possible of the service of the station of the | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | | | EL LINE-UP | · | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, IN | NC. | | | | 010841 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. | | | | | | | | |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | | | | | | |
| | | CHANN | EL LINE-UP | Al | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 010841 | Hamo |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the carr | G, identify even- system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular in here in space only on a subs and also in spa information cond form. ch station's call associated with A-2". Simulcast e channel numb ise. For example system carried the in each case w in each cas | y television standard and accounting in June 24, 194, or 76.63 (in din the next prespect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station account in a station. Whether the station whether the station. Whether the station are station in column and uring the account in a station account in a station account in a station account in a station. In a station account in a station are the station. In a station in during the account in a station are the fore Jumitter or an account in a station. For eace page (v) of station. For eace of the station in account in a station. For eace of the station in the station in the station. | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the same I (the stion was carried to the same I (the same | (1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This pork station, an indefer network multiple of "E-M" (for nonections located in the plete column 5, and Indicate by entity and Indicate by entity and Indicate by entity and Indicate subject to a royalt statement a cable sy esenting the primal channel on any of instructions located list the communit | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | ig multiple chai | inei iine-ups, | use a separate | space o loi eaci | chamie ine-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, IN | NC. | | | | 010841 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. | | | | | | | |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-ups. | | | | | | | |
| | | CHANN | EL LINE-UP | AK | | | |
| 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 | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OW | NER OF CABLE S | YSTEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 010841 | Nume |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 froum 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable stolem 3: Indicated educational station, be (for independent multicated the meaning of the Column 5: If you cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the subset of the column 6: Give the carried these tecolumn 6: Give the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the subset of the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the cable system the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the cable system the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the cable system the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the cable system the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the carried the distant states the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the carried the distant states t | G, identify ever system during to tions in effect on 6.61(e)(2) and (1) sis, as explaine Stations: With CC rules, regular nere in space of only on a subset and also in spanformation concorn. In associated with A-2". Simulcast the channel number of the eine ach case of yentering the legicast), "E" (for nese terms, see tation is outside vice area, see proave entered "Ye the distant station on a part-till sion of a distant at entered into on a primary transisticulation on each case, also hree categories are location of each Canadian static | y television st he accounting in June 24, 194, or 76.63 (i 4), or 76.63 (i 4), or 76.63 (i respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must beer the FCC h e, WRC is Cha- ne station. whether the state or whether the state "N" (for no oncommercial page (v) of the tes" in column on during the case in multicast stream on the case of the c | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station of the stational, of the stational, of the stational of the stations, the stations of the stational of the stational of the stations, the stations, the stations, the stations of the stational of t | (1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your content of the Special Statement of the | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the which the station is identifed. | Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | ٨١ | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|
| LEGAL NAME OF OWI | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 010841 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "VETA-Z". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educatio | | | | | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
|--|------------------|----------------|----------------|------------------|------------------------|------|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, IN | NC. | | | | 010841 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO |)N | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "If (for independent), "I-M" (for ind | | | | | | | |
| Note: If you are utilizing | ig multiple char | inel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AN | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | Accookiii | NGTEMOD. 2017 | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, II | NC. | | | | 010841 | | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and | | | | | | | |
| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AO | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, IN | NC. | | | | 010841 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO |)N | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast). For on explanation of local service area, see page (v) of the general instructions loc | | | | | | | |
| Note: If you are utilizing | ig multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AP | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | | T |
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| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 010841 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis: basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licenson which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify even system during the control of the c | y television standard y television | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of t | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | A.O. | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | T | |
|--|--------------------------------|--------------------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, II | NC. | | | | 010841 | | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). For (for noncommercial educational), or "E-M" (for noncommercial educational in the p | | | | | | | |
| Trotor ii you aro amen | ig manapio onai | | • | | chambrimo ap. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 010841 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service Column 5: If you h | G, identify every system during the system during the consistency of t | y television st he accounting in June 24, 199 4), or 76.63 (in d in the next prespect to any ations, or auth G—but do liss titute basis. Ince I, if the state erning substiff sign. Do not re- na station acceptations must beer the FCC has been station. Whether the statement of the station. Whether the statement of the local serving page (v) of the deer in column | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was carried to the period of the station was station to the station was assigned to the station is a network attion is a network attion is a network attion is a network attionally, of the general instructivice area, (i.e. "or general instruct 4, you must coil paragraph to 75.0 period of the stational or the | (1) stations carried e carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This ork station, an indefer network multifulation "E-M" (for noncontrictions located in the television statington), enter "Yeions located in the television statington, per televisions located in the television stating or "E-M" (for noncontrictions located in the television stating or the television stating or "E-M" (for noncontrictions located in the televisions located | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your | G Primary Transmitters: Television |
| • | | | • | • | stating the basis on which your tering "LAC" if your cable system | |
| of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | sion of a distant tentered into o a primary trans simulcasts, also rree categories e location of ea Canadian statio | multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For ns, if any, giv | earn that is not some 30, 2009, be ssociation repreyou carried the of the general of the U.S. stations, the the name of the | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with | y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the hybrid which the station is identifed. | |
| | | CHANN | EL LINE-UP | AS | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 010841 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF CARRIAGE SIGN CHANNEL (Yes or No) NUMBER **STATION** (If Distant)

| FORM SA3E. PAGE 3. | | | | | | |
|--|---|--|---|--|--|------------------------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 010841 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the substitution of the substituti | G, identify even by stem during the ions in effect or ions. With a CC rules, regular here in space only on a substand also in spatformation concern. In the station's call associated with each case we entered the in each case we entered "Ye in each case we entered "Ye ne distant static ion on a part-time ion of a distant the entered into on a primary trans simulcasts, also aree categories in effect of the ions in each case, also aree categories in effect of the ions in a primary trans is included in the ions in each case, also aree categories in effect of the ions in each case, also aree categories in effect of the ions in each case, also aree categories in effect of the ions in effect of the ions in each case. | y television state accounting in June 24, 198 4), or 76.63 (r din the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitions in a station account of the station account of the station. Whether the station account of the local server in column on during the same basis becar in column the control of the station or before Junitter or an account of the station or the station of the station o | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that the basis station report origination cording to its own be reported in containing the station is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general instruction of lack of a general instruction of the general instruction | in (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Spe | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | | . , | | • | which the station is identifed. channel line-up. | |
| - | | CHANN | EL LINE-UP | ΔΠ | · | |
| | o DIOAOT | 1 | 1 | | a LOCATION OF STATION | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| 01014 | NUMBER | STATION | ` , | (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | 1 | | |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWNE | | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, IN | C. | | | | 010841 | | | |
| PRIMARY TRANSMITTER | RS: TELEVISIO | N | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, or entering the lefter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for ind | | | | | | | | |
| Note: If you are utilizing | multiple char | • | • | | cnannei line-up. | | | |
| | | CHANN | EL LINE-UP | AV | | | | |
| 1. CALL 2 | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | ACCOUNT | NG PERIOD: 2017/1 |
|---|---|--|--|--|---|---|
| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | IC. | | | | 010841 | |
| carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried (4 • List the station here, as | is, identify every system during the ons in effect or .61(e)(2) and (is, as explaine tations: With r C rules, regulations in space only on a substand also in spa | television stane accounting in June 24, 1984), or 76.63 (rd in the next prespect to any tions, or auth G—but do listitute basis. | period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried | (1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statemed both on a substit | and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other | G Primary Transmitters: Television |
| in the paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the its community of license on which your cable sy: Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service | m. n station's call associated with 2". Simulcast s channel numb e. For example stem carried th in each case v entering the le ast), "E" (for no se terms, see p ation is outside the area, see pa | sign. Do not real a station acceptreams must beer the FCC hear, WRC is Charles station. The station whether the station commercial page (v) of the the local servers (v) of the state (v) of the | eport origination cording to its own be reported in or as assigned to annel 4 in Wash ation is a network etwork), "N-M" (educational), or general instructive area, (i.e. "orgeneral instructive or a second cordinate in the cordi | n program services er-the-air designate column 1 (list each the television statington, D.C. This lark station, an indefor network multicur "E-M" (for noncoctions located in the distant"), enter "Yeions located in the | es". If not, enter "No". For an ex- e paper SA3 form. | |
| cable system carried th carried the distant static For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the | e distant static on on a part-tir on of a distant entered into or primary transi imulcasts, also ree categories, location of eacanadian statio | on during the a me basis beca multicast stren n or before Ju mitter or an as b enter "E". If see page (v) ch station. Fo ns, if any, give | accounting perion ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, as the name of the | od. Indicate by entactivated channel of subject to a royalty etween a cable system the primary channel on any ot instructions locate list the community with | r payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AW | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010841 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | | | 5 PERIOD: 2017 |
|---|-----------------------|---------------------------|---|---------------------|-----------------|-----------------|-----------------|----------------------------|
| LEGAL NAME OF OWNER OF | CABLE SYST | ГЕМ: | | | | S | SYSTEM ID# | Namo |
| CABLE ONE, INC. 010841 | | | | | | | | rtunic |
| SUBSTITUTE CARRIAGE | E: SPECIA | L STATEMEN | NT AND PROGRAM LOG | | | | | ı |
| In General: In space I, ident substitute basis during the a explanation of the programm | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or aut | horizations. | For a further | Substitute |
| 1. SPECIAL STATEMEN | | | | general insu | uctions local | eu iii iiie par | Dei SAS IOIIII. | Carriage: |
| During the accounting per | _ | | | s any nonne | twork televis | ion program | 1 | Special |
| broadcast by a distant star Note: If your answer is "No | tion? | - | | - | | Yes | XNo | Statement ar Program Lo |
| log in block 2. | , icave tric | rest of this pay | ge blank. If your answer is | res, you me | ast complete | the program | 11 | |
| 2. LOG OF SUBSTITUTE | | | | | | | | |
| In General: List each subst | | | | wherever pos | sible, if their | meaning is | | |
| clear. If you need more spa Column 1: Give the title | | | aı pages. ision program (substitute p | rogram) that, | during the a | ccounting | | |
| period, was broadcast by a | distant stati | ion and that yo | our cable system substitute | d for the prog | ramming of | another stat | ion | |
| under certain FCC rules, re SA3 form for futher informa | | | | | | | | |
| titles, for example, "I Love I | | | | basicibali . | List specific | program | | |
| | | | r "Yes." Otherwise enter "N | | | | | |
| | | | asting the substitute programe community to which the | | nsed by the | FCC or. in | | |
| he case of Mexican or Car | nadian statio | ons, if any, the | community with which the | station is ider | ntified). | | | |
| | | when your sys | tem carried the substitute p | orogram. Use | numerals, v | vith the mon | th | |
| irst. Example: for May 7 gir Column 6: State the time | | substitute pro | gram was carried by your o | able system. | List the time | es accuratel | V | |
| to the nearest five minutes. | | | ed by a system from 6:01:1 | | | | | |
| stated as "6:00–6:30 p.m." | or "D" if the | listed program | was substituted for progra | mming that v | our evetem v | was required | 1 | |
| to delete under FCC rules a | | | | | | | 4 | |
| gram was substituted for pr | | that your syste | em was permitted to delete | under FCC r | ules and reg | ulations in | | |
| effect on October 19, 1976. | | | | | | | | |
| | | | | WHE | EN SUBSTI | TUTE | 7. REASON | |
| | | E PROGRAM | <u> </u> | CARRIAGE OCCURRED | | FOR | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | | IMES - TO | DELETION | |
| | 1 00 0. 110 | 07122 07011 | 6171116116 2007111611 | 7.1.1.2 2711 | | | | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010841 CABLE ONE, INC. **PART-TIME CARRIAGE LOG**

J

Part-Time Carriage Log

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

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

| LEG | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | Name | | | | |
|--|--|--------------|------------------|-----------------|--|--|--|--|--|
| CA | BLE ONE, INC. | | | 010841 | | | | | |
| Ins all a (as | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 525,500.00 | | | | | | | | |
| IME | during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. | - | \$ (Amount of | gross receipts) | | | | | |
| • Cor • Cor • If your fee • If your | COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. 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. 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. | | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\rm ck~3~below.$ | e entere | ed on line | e 1 of | | | | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entered | on line 2 | 2 in block | | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be e | entered o | on line | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. | | | | | | | | |
| | Line 1. Enter the amount of gross receipts from space K | | \$ | 525,500.00 | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | | | | | | | |
| | This is your minimum fee. | \$ | | 5,591.32 | | | | | |
| Block 2 | space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or | | | | | | | | |
| 3 | 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE | = | \$ | 0.00 | | | | | |
| | schedule. If none, enter zero | _ | | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | | 146.45 | | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger | - | \$ | 5,591.32 | Cable systems | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | r _ | | 0.00 | submitting additional deposits under | | | | |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | - | | 0.00 | Section 111(d)(7) should contact the Licensing | | | | |
| | Line 4. FILING FEE | - | \$ | 725.00 | additional fees. Division for the appropriate | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | | 6,316.32 | form for submitting the additional fees. | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See pa | ge (i) of t | he | | | | | |

| Name | LEGAL NAME OF OWNER OF CABLE S | SYSTEM: | SYSTEM ID# |
|------------------------------------|--|---|-------------|
| Name | CABLE ONE, INC. | | 010841 |
| M Channels | to its subscribers and (2) the 1. Enter the total number of c | (1) the number of channels on which the cable system carried television broadcast stations cable system's total number of activated channels, during the accounting period. hannels on which the cable oadcast stations | 7 |
| | | carried television broadcast stations | 62 |
| N Individual to Be Contacted | we can contact about this sta | | |
| for Further Information | Name EMERSON YE | EARWOOD Telephone 602-364-6 | 6195 |
| mormation | Address 210 E. EARLL (Number, street, rural r | oute, apartment, or suite number) | |
| | (City, town, state, zip) | 00012-2020 | |
| | Email emers | son.yearwood@cableone.biz Fax (optional) 602-364-6013 | |
| | CERTIFICATION (This statem | ent of account must be certifed and signed in accordance with Copyright Office regulations. | |
| 0 | • | | |
| Certifcation | • I, the undersigned, hereby ce | tify that (Check one, but only one, of the boxes.) | |
| | (Owner other than corpora | ation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or | |
| | | | |
| | | n corporation or partnership) I am the duly authorized agent of the owner of the cable system as i that the owner is not a corporation or partnership; or | dentified |
| | _ | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the c | able system |
| | I have examined the statement | nt of account and hereby declare under penalty of law that all statements of fact contained herein to the best of my knowledge, information, and belief, and are made in good faith. | |
| | | | |
| | X | /s/ Raymond Storck | |
| | (e.g., /s/ | electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box ar ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility. | |
| | Typed | or printed name: RAYMOND STORCK | |
| | Title: | VICE PRESIDENT (Title of official position held in corporation or partnership) | |
| | Date: | August 25, 2017 | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|---|---|
| CABLE ONE, INC. | 010841 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system f service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see the note on page (vii) of the general instrupance SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO | or the basic not include sub- section 119." | Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address Mailing Address Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 fo | | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | × 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | erest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyrigh please list below the owner, address, first community served, accounting period, and ID number as given filing. | | |
| Owner Address | | |
| First community served Accounting period ID number | | |
| | | |

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

ACCOUNTING PERIOD: 2017/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have 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 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



| | Distant Stations Carried | | Identification o | f Subscriber Groups | |
|----|--------------------------|-------|------------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| in | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| 3 | B (independent) | 1.0 | Santa Rosa | Stations A, B, C, D ,E | \$310,000.00 |
| - | C (part-time) | 0.083 | Rapid City | Stations A and C | 100,000.00 |
| | D (part-time) | 0.139 | Bodega Bay | Stations A and C | 70,000.00 |
| | E (network) | 0.25 | Fairvale | Stations B, D, and E | 120,000.00 |
| | TOTAL DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

| | | 40,0000 | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group | | Second Subscriber Group | | Third Subscriber Group | |
| (Santa Rosa) | | (Rapid City and Bodega Bay) | | (Fairvale) | |
| Gross receipts | \$310,000.00 | Gross receipts | \$170,000.00 | Gross receipts | \$120,000.00 |
| DSEs | 2.472 | DSEs | 1.083 | DSEs | 1.389 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |
| \$310,000 x .01064 x 1.0 = | 3,298.40 | \$170,000 x .01064 x 1.0 = | 1,808.80 | \$120,000 x .01064 x 1.0 = | 1,276.80 |
| \$310,000 x .00701 x 1.472 = | 3,198.80 | \$170,000 x .00701 x .083 = | 98.91 | \$120,000 x .00701 x .389 = | 327.23 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |

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

ACCOUNTING PERIOD: 2017/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | | | | |
|--------------------------------|--|----------------------|------------------------------|----------------|-------------------------|-----------|--|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CAE | BLE SYSTEM: | | | S | YSTEM ID# | | | | | | | |
| I | CABLE ONE, INC. | | | | | 010841 | | | | | | | |
| | SUM OF DSEs OF CATEGO | | | | | | | | | | | | |
| | Add the DSEs of each static | | | | | | | | | | | | |
| | Enter the sum here and in lin | e 1 of part 5 of thi | s schedule. | | 0.25 | | | | | | | | |
| | Instructions: | | | | | | | | | | | | |
| 2 | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 | | | | | | | | | | | | |
| Computation | of space G (page 3). In the column headed "DSE | E": for each indep | endent station, give the DSF | as "1.0": for | each network or noncom- | | | | | | | | |
| of DSEs for | mercial educational station, g | | | 2 40 1.0 , 101 | oddi notwork or noncom | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | IS: DSEs | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | | |
| | WMC | 0.250 | | | | | | | | | | | |
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| Add rows as | | | | | | | | | | | | | |
| necessary. Remember to copy | | | | | | | | | | | | | |
| all formula into new | | | | | | | | | | | | | |
| rows. | | | | | | | | | | | | | |
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| Name | CABLE ONE | , INC. | | | | | S | 9310841 010841 | | | | |
|---|---|--|---|---|--|-----------------------------|------------------------------------|-------------------|--|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 1: Lis Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper | | | | | | | | | | |
| Capacity | | (| CATEGORY | LAC STATIONS: | COMPUTAT | ION OF DSFs | | | | | | |
| | 1. CALL SIGN | 6. DS | Ε | | | | | | | | | |
| | | | | | | <u>x</u> | | | | | | |
| | | | | | | x | | | | | | |
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| | | | ÷ | | = | x | = | | | | | |
| | | | | | | x | | | | | | |
| | | | ÷ | | | x | = = | | | | | |
| | Add the DSEs of | OF CATEGORY LAC Sof each station. m here and in line 2 of p | | edule, | | 0.00 | | | | | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I | ct on October 19, 1976 in e or more live, nonnetwing or each station give the This figure should corrected the number of day: | titution for a prod (as shown by the ork programs du e number of live, spond with the i s in the calendar nn 2 by the figur | gram that your systen e letter "P" in column ring that optional carr nonnetwork program nformation in space I. r year: 365, except in e in column 3, and gi | n was permitted to a space 1); and a space 1); and a space 1); and a space 1); and a space 2 s | to delete under FCC rules | 2 of were deleted s than the third | m). | | | | |
| | | SU | BSTITUTE-E | BASIS STATION | S: COMPUTA | ATION OF DSEs | | | | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBE OF DAYS IN YEAR | S | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | | | |
| | | - | - | = | | - | • | = <mark></mark> | | | | |
| | | | - | = | | - | - | = | | | | |
| | | - | <u> </u> | = | | - | - | = | | | | |
| | | | ÷ ÷ | = | | | | = | | | | |
| | Add the DSEs of | OF SUBSTITUTE-BAS of each station. m here and in line 3 of p | | edule, | | 0.00 | | | | | | |
| 5 Total Number of DSEs | number of DSEs 1. Number of 2. Number of | FR OF DSEs: Give the ames applicable to your system TOSEs from part 2 TOSEs from part 3 TOSEs from part 4 | | ooxes in parts 2, 3, and | I 4 of this schedul | e and add them to provide | 0.25 0.00 0.00 | | | | | |
| | TOTAL NUMBE | R OF DSEs | | | | | | 0.25 | | | | |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/1

| LEGAL NAME OF C | | SYSTEM: | | | | | S | YSTEM ID# | Name | |
|---|--|----------------|-------------------|---|----------------|-----------------|-----------------------|--------------|---|--|
| CABLE ONE, I | | | | | | | | 010841 | | |
| Instructions: Block A: | | | | | | | | | • | |
| schedule. | | | • | 7 of the DSE sche | edule blank a | nd complete pa | art 8, (page 16) of | the | 6 | |
| If your answer if | "No," complete blo | | | ELEVISION M | ARKETS | | | | Computation of | |
| Is the cable system | | | | | | ection 76.5 of | FCC rules and re | gulations in | 3.75 Fee | |
| effect on June 24, Yes—Com | | schedule—[| OO NOT COM | PLETE THE REMA | AINDER OF F | PART 6 AND 7 | | | | |
| _ | olete blocks B and | | | | | , | | | | |
| | | BLOG | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | | |
| Column 1: | List the call signs | | | part 2, 3, and 4 o | | | tem was permitte | d to carry | | |
| CALL SIGN | | ne DSE Sche | dule. (Note: TI | ne 25, 1981. For for the letter M below r Act of 2010.) | • | • | | | | |
| | , , , | | | | | | | | | |
| <i>57</i> # # # # # # # # # # # # # # # # # # # | 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 C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the | | | | | | | | | |
| | instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198' 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) | | | | | | | | | |
| | M Retransmission | | | | (0), 70.01(0)(|), 10.00(a) 10. | oming to 7 0.0 1(0) | (0) | | |
| Column 3: | | e stations ide | entified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on page | e 14 of | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | |
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| | | | | | | | | 0.00 | | |
| | | В | LOCK C: CO | MPUTATION OF | F 3.75 FEE | | | | | |
| Line 1: Enter the | total number of | DSEs from | part 5 of this | schedule | | | | | | |
| Line 2: Enter the | sum of permitte | ed DSEs fro | m block B ab | ove | | | • | | | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subject 7 of this schedu | | rate. | <u>.</u> | | | |
| Line 4: Enter gro | oss receipts from | space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially | |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter si | um here | | | | | | permited/ partially nonpermitted | |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | ,x | | carriage? If yes, see part 9 instructions. | |
| Line 7: Multiply I | ine 6 by line 5 aı | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | o mon delions. | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 010841 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

| | LEGAL NAME OF OWN | NER OF CABLE | SYSTEM: | | | | | SYSTEM ID# | | | | | |
|---|---|--|------------------------|--------------------|---|-------------------|---------------------|------------------|--|--|--|--|--|
| Name | CABLE ONE, IN | NC. | | | | | | 010841 | | | | | |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Instructions: You must complete this worksheet for those stations identifed 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. 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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. 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)). 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)). 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. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule 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. IMPORTANT: 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 fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | PERMITTE | D DSE FOR STA | TIONS CARRIE | D ON A PART-TIME | AND SUBSTIT | UTE BASIS | | | | | | |
| | 1. CALL | 2. PRIO | R 3. ACC | COUNTING | 4. BASIS OF | 5. PR | ESENT | 6. PERMITTED | | | | | |
| | SIGN DSE PERIOD CARRIAGE DSE DSE | | | | | | | | | | | | |
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| 7 Computation of the | • | "Yes," comple | te blocks B and C, | | part 8 of the DSE sch | nedule. | | | | | | | |
| Syndicated | | | BI OCK | (A. MAJOR | TELEVISION MAI | RKFT | | | | | | | |
| Exclusivity | | | BEOOI | (71.17.10011 | TELEVIOIOIVIVII | ((C) | | | | | | | |
| Surcharge | Is any portion of the or | cable system wi | ithin a top 100 maio | or television mark | ket as defned by section | on 76.5 of FCC r | ules in effect Ju | ine 24. 1981? | | | | | |
| ou. ou. go | | | | | <u></u> | | a.oo ooo: oa | 2 ., | | | | | |
| | Yes—Complete | e blocks B and | C . | | X No—Proceed | to part 8 | | | | | | | |
| | | | | | | | | | | | | | |
| | BLOCK B: C | arriage of VHF | /Grade B Contour | Stations | BLC | OCK C: Comput | tation of Exemp | ot DSEs | | | | | |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | | | Was any station lis nity served by the to former FCC rule | cable system pi | | | | | | | |
| | Yes—List each s | tation below with | n its appropriate perr | mitted DSE | Yes—List eac | h station below w | vith its appropriat | te permitted DSE | | | | | |
| | X No—Enter zero a | and proceed to p | art 8. | | X No—Enter zer | o and proceed to | part 8. | | | | | | |
| | | | | | | | | | | | | | |
| | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | N DSE | | | | | |
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| | | ! | | 0.00 | | | | 0.00 | | | | | |
| | | L | TOTAL DSEs | 0.00 | | L | TOTAL DSE | es 0.00 | | | | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM II 0108 | | Name |
|---------------|--|-----|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 00 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | .00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | .00 | of the Syndicated |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 | .00 | Exclusivity Surcharge |
| • Is any | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE | | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| Section | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. | | |
| 4a | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | _ | ME OF OWNER OF CABLE SYSTEM: SYSTEM: | |
|--------------------------|---------------|--|-----------|
| 1105 | (| CABLE ONE, INC. | 841 |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| Syndicated | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u> | |
| Exclusivity Surcharge | | C. Multiply line B by 3.000 and enter here | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) | ļ |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. | |
| | | F. Multiply line D by line E and enter here | |
| | | G. Add lines A, C, and F. This is your surcharge. | |
| | | Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge | |
| | | | \equiv |
| _ | | ctions: | |
| 8 | | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. | |
| Commutation | | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | |
| Computation of | , | ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below | |
| Base Rate Fee | blank | | |
| | | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | |
| | | pocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. | |
| | 201 1100 | ; alea, see page (v) or the general instructions. | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | _ | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) ▶ \$ | |
| | Section | Enter the total number of permitted DSEs from block B, part 6 of this schedule. | |
| | 2 | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ | |
| | | use the total number of DSEs from part 5.). | |
| | Section 3 | If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. | |
| | | NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. | |
| | | A. Enter 0.01064 of gross receipts | |
| | | (the amount in section 1) | |
| | | B. Enter 0.00701 of gross receipts | |
| | | (the amount in section 1) | |
| | | C. Subtract 1.000 from total DSEs | |
| | | (the figure in section 2) and enter here | |
| | | D. Multiply line B by line C and enter here | |
| | | E. Add lines A, and D. This is your base rate fee. Enter here | |
| | | and in block 3, line 1, space L (page 7) | 00 |
| | | Base Rate Fee | <u></u> . |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/1

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | SYSTEM ID# 010841 | Name |
|---|---|--|
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and lear | ve section 3 blank. | |
| A. Enter 0.01064 of gross receipts (the amount in section 1) | \$ | 8 |
| B. Enter 0.00701 of gross receipts (the amount in section 1) | | Computation of Base Rate Fee |
| C. Multiply line B by 3.000 and enter here | \$ | Dase Nate Fee |
| D. Enter 0.00330 of gross receipts (the amount in section 1) \$\bigsim \bigsim \bigsi | | |
| E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶ | | |
| F. Multiply line D by line E and enter here | ▶ \$ | |
| G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee | ▶ \$ 0.00 | |
| IMPORTANT: 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 ca Space G. | able system reported multiple channel line-ups in | 9 |
| In General: If any of the stations you carried were partially distant, the statute allows receipts from subscribers located within the station's local service area, from your sys | | Computation of |
| exclusion, you must: | | Base Rate Fee and |
| First: Divide all of your subscribers into subscriber groups, each group consisting ent station or the same group of stations. Next: Treat each subscriber group as if it were a DSEs and the portion of your system's gross receipts attributable to that group, and c | a separate cable system. Determine the number of calculate a separate base rate fee for each group. | Syndicated Exclusivity Surcharge |
| Finally: Add up the separate base rate fees for each subscriber group. That total is the NOTE: If any portion of your cable system is located within the top 100 television man | • • | for Partially |
| also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this call your cable system is wholly located outside all major television markets, complete by | ase, complete both block A and B below. However, | Distant Stations, and |
| How to Identify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| Step 1: For each community served, determine the local service area of each wholly carried to that community. | distant and each partially distant station you | Stations |
| Step 2: For each wholly distant and each partially distant station you carried, determined outside the station's local service area. A subscriber located outside the local service the same token, the station is distant to the subscriber.) | | |
| Step 3: Divide your subscribers into subscriber groups according to the complement subscriber group must consist entirely of subscribers who are distant to exactly the sa system will have only one subscriber group when the distant stations it carried have to | ame complement of stations. Note that a cable | |
| Computing the base rate fee for each subscriber group: Block A contains separa groups. In each section: | te sections, one for each of your system's subscriber | |
| Identify the communities/areas represented by each subscriber group. | | |
| • Give the call sign for each of the stations in the subscriber group's complement—the subscribers in the group. | at is, each station that is distant to all of the | |
| If:1) your system is located wholly outside all major and smaller television markets, give | e each station's DSE as you gave it in parts 2, 3, | |
| and 4 of this schedule; or,2) any portion of your system is located in a major or smaller televison market, give expart 6 of this schedule. | ach station's DSE as you gave it in block B, | |
| Add the DSEs for each station. This gives you the total DSEs for the particular subs | criber group. | |
| Calculate gross receipts for the subscriber group. For further explanation of gross re in the paper SA3 form. | eceipts see page (vii) of the general instructions | |
| • Compute a base rate fee for each subscriber group using the formula outline in bloc page. In making this computation, use the DSE and gross receipts figure applicable to DSEs for that group's complement of stations and total gross receipts from the subscriber. | to the particular subscriber group (that is, the total | |

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010841 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE | | LE SYSTEM: | | | | S | YSTEM ID# | Name |
|--|---|-----------------|-------------|-----------------------|-----------|-----------------|----------------|----------------------|
| CABLE ONE, INC. | | | | | | | 010841 | |
| В | | COMPUTATION OF | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | 9 | |
| COMMUNITY/ AREA | CLEVE | LAND/BOLIVAR (| CO./PAC | COMMUNITY/ ARE | A DREW/F | RULEVILLE/SUNF | LOWER | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | WMC | 0.25 | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.25 | |
| Gross Receipts First G | roup | \$ 452 | ,107.00 | Gross Receipts Sec | ond Group | \$ | 55,058.00 | |
| Base Rate Fee First G | roun | \$ | 0.00 | Base Rate Fee Sec | and Group | \$ | 146.45 | |
| Duod Hato I do I liot d | | | <u>'</u> | Buss Rule 1 se see | | | | |
| | | SUBSCRIBER GROU | JP | | | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | SHAW | | | COMMUNITY/ ARE | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Gross Receipts Third Group \$ 18,335.00 | | ,335.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Froup | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| D D (5 | - 1- | | -11 | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | iiber group | as snown in the boxes | above. | \$ | 146.45 | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
|---|--|-----------------------------------|--------------|-----------------------|------------------|---------------------------------|----------------|--------------------------|--|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EAC | | RIBER GROUP I SUBSCRIBER GRO | UP | • | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | 9 Computation | | | | |
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| | | | | | | | | Base Rate Fee and | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | | |
| Base Rate Fee First | : Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | |
| COMMUNITY/ADE | | SUBSCRIBER GRO | JP 0 | COMMUNITY/ADEA | | SUBSCRIBER GRO | UP 0 | | |
| COMMUNITY/ ARE | Η | | | COMMUNITY/ AREA | | | | | |
| 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 | a Group | \$ | 0.00 | Gross Receipts Four | tn Group | \$ | 0.00 | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | Name |
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| | NINTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | \ | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| Е | LEVENTH | SUBSCRIBER GRO | UP | | TWELVTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | • | | | | - 1- | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
|---|--|-----------------|--------------|-----------------------|-----------|------------------|------|----------------------|
| | | | | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GROU | | TI . | | 1 SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | FIFTEENTH | SUBSCRIBER GROU | JP | | SIXTEENTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| 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 | I Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|---|-----------------------------------|----------------|---------------|----------------------|-----------|--|---------------------|------------------|
| | | | | ATE FEES FOR EAC | | | IID | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | COMMUNITY/ ARE | | SUBSCRIBER GRO | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | Computation of | |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| N | IINTEENTH | SUBSCRIBER GRO | DUP | | TWENTIETH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Base Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 010841 | Name | |
|---|-------------|-----------------|--------------|-----------------------|--|------------------|---------------------|--------------------------|--|
| | | | | ATE FEES FOR EACH | | | ID. | | |
| COMMUNITY/ AREA | | SUBSCRIBER GROU | 0 | 11 | TWENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | |
| TWE | NTY-THIRD | SUBSCRIBER GROU | JP | TWENT | Y-FOURTH | I SUBSCRIBER GRO | UP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | |
| 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 | I Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| COMMUNITY/ AREA | NTY-FIFTH | SUBSCRIBER GROU |)P 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | 9 |
| | T BOE T | | | | T 505 | T care cross | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of Base Rate Fee |
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| Total DSEs | - | | 0.00 | Total DSEs | • | | 0.00 | 1 |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | 1 |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| TWENTY- | -SEVENTH | SUBSCRIBER GROU | JP | TWEN | TY-EIGHTH | I SUBSCRIBER GROU | JP | l |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 1 |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | İ |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | 1 |
| · | - | | | | • | | | 1 |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | 1 |
| Base Rate Fee: Add t Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | II . | THIRTIETH | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| THII | RTY-FIRST | SUBSCRIBER GROU | IP | THIRT | Y-SECONE | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| COMMUNITY/ AREA | | SUBSCRIBER GROU | <u>0</u> | COMMUNITY/ AREA | | I SUBSCRIBER GRO | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| TH | IIRTY-FIFTH | SUBSCRIBER GROU | JP | THI | IRTY-SIXTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | | 0.00 | | | | | |
| Base Rate Fee Third | a Group | \$ | 0.00 | Base Rate Fee Fourt | n Group | \$ | 0.00 | |
| | | | riber group | as shown in the boxes | above. | | | |
| Enter here and in blo | ock 3, line 1, s | space L (page 7) | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| THIRTY- COMMUNITY/ AREA | SEVENTH | SUBSCRIBER GROU | | TI . | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| THIR | TY-NINTH | SUBSCRIBER GROU | JP | | FORTIETH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | П | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| COMMUNITY AREA | ······································ | | | COMMONT IT AREA | | | | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Firs | t Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| FORT | Y-SEVENTH | SUBSCRIBER GRO | JP | FOR | TY-EIGHTH | SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Thir | d Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | | COMMUNITY AREA | | | | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | _ | |
| COMMUNITY/ AREA | TY-THIRD | SUBSCRIBER GROU |)P 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | 9 |
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| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | riber group | o as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | | |
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| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | | | | | |
| | SEVENTH | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GROU | | 9 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First 0 | Group | <u>\$</u> | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee First 0 | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | | |
| | TY-NINTH | SUBSCRIBER GRO | | | | 1 SUBSCRIBER GRO | | | |
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| Total DSEs | | | 0.00 | Total DSEs | l . | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxe | s above. | • | | | |
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| CABLE ONE, INC | | ELE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
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| | | SUBSCRIBER GRO | | ii e | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | - | •• | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | 0.00 | Cross receipts eee | ona Oroup | <u>*</u> | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SIX | KTY-THIRD | SUBSCRIBER GRO | OUP | SIX | TY-FOURTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in blood | | | scriber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | TY-FIFTH | SUBSCRIBER GROU | | III | XTY-SIXTH | I SUBSCRIBER GROU | | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Gross Receipts First Group \$ 0.00 | | | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GROU | | ii - | ry-eighth | I SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| | | SUBSCRIBER GROU | JP 0 | | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY/ AREA | | | | COMMUNITY/ AREA | | | | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | I Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| NOME TATION OF PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | | | | | LE SYSTEM: | R OF CABL | CABLE ONE, INC. |
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| COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
| SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0 9 | SUBSCRIBER GROUP | '-FOURTH | | | SUBSCRIBER GROU | Y-THIRD | |
| Computation | | | | 0 | | | COMMUNITY/ AREA |
| CALL SIGN DSE CALL SIGN DSE Of | | | | DSE | | DSE | CALL SIGN |
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| \$ 0.00 Base Rate Fee Second Group \$ 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | oup | Base Rate Fee First G |
| SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP | SUBSCRIBER GROUP | ITY-SIXTH | SEVEN | JP | SUBSCRIBER GROU | TY-FIFTH | SEVEN |
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| | | | Base Rate Fee Fourth | | Base Rate Fee Third Group \$ 0.00 | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
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| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROU | JP | _ |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
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| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| BLOCK A: COMPUTATION C EIGHTY-NINTH SUBSCRIBER GRI COMMUNITY/ AREA CALL SIGN DSE CALL SIGN | | COMMUNITY/ AREA | NINTIETH | RIBER GROUP I SUBSCRIBER GROU CALL SIGN | JP 0 | 9 Computation |
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| Total DSEs | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First Group \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
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| Total DSEs | | | | П | 0.00 | |
| Gross Receipts Third Group \$ | 0.00 | Total DSEs | | | | |
| | 0.00 | Total DSEs Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third Group \$ | | | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the base rate fees for each sub Enter here and in block 3, line 1, space L (page 7) | | | | \$ | 0.00 | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
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| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | | | | |
| | TY-THIRD | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GROU | | 9 |
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| | | | <u>-</u> | | <u></u> | | | Exclusivity Surcharge |
| | | | | | | | •••• | for |
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| | | | | | | | | Distant |
| | | | <u>.</u> | | | | | Stations |
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| | | | | | | | | l |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | l |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | 1 |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| NINE | TY-FIFTH | SUBSCRIBER GRO | UP | NIN | IETY-SIXTH | SUBSCRIBER GROU | JP | l |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | 1 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | 1 |
| | | | <u>.</u> | | <u></u> | | | l |
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| | | | | | <u></u> | | | l |
| Total DSEs | 1 | | 0.00 | Total DSEs | | | 0.00 | 1 |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | :h Group | \$ | 0.00 | 1 |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | l |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-------------|-----------------|-------------|-----------------------|-------------|-------------------|---------------------|----------------------|
| | | | | ATE FEES FOR EACH | | | | |
| NINETY- COMMUNITY/ AREA | SEVENTH | SUBSCRIBER GROU | | COMMUNITY/ AREA | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY AREA | | | 0 | COMMUNITY AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and Syndicated |
| | <u></u> | | | · | ··· | | | Exclusivity |
| | | | | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| NINE | TY-NINTH | SUBSCRIBER GROU | JP | ONE HU | JNDREDTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| 2.300 . tosoipto 11mu (| | .* | | | С. Сир | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-----------|----------------|--|----------------------|-----------|-----------------|---------------------|---------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDR | ED FIRST | SUBSCRIBER GRO | UP | ONE HUNDR | ED SECOND | SUBSCRIBER GRO | UP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u> </u> | | | | | Base Rate Fee |
| | ··· | | <u></u> | | | | <u></u> | Syndicated |
| | | | ······································ | | •••• | | | Exclusivity |
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| | | - | <u> </u> | | | | | Partially |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDR | ED THIRD | SUBSCRIBER GRO | UP | ii | | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| 1 111 1000 111110 | - · | · | | | oup | <u></u> | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-----------------|---------------------------------|--------------|----------------------|-----------|------------------------------|---------------------|----------------------|
| | | COMPUTATION O SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u></u> | | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
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| | Total DSEs 0.00 | | | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | | ii . | | SUBSCRIBER GRO | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| 2.000 Noonplo Tilliu | up | .* | | 3.000 Roscipto i ou | Стоир | * | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|---------------|----------------|---|----------------------|-----------|-----------------|---------------------|---------------------------|
| В | LOCK A: (| COMPUTATION O | BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDR | ED NINTH | SUBSCRIBER GRO | | ONE HUND | RED TENTH | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | <u></u> | | | | | | | Base Rate Fee |
| | | | | | | - | | and |
| | | | | | | - | | Syndicated Exclusivity |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED E | LEVENTH | SUBSCRIBER GRO | UP | ONE HUNDRE | D TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Froun | \$ | 0.00 | | rth Group | • | 0.00 | |
| TOTOSS NECEIPLS THIRD (| σισαμ | \$ | <u> </u> | Gross Receipts Fou | rai Gioup | ۳ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-------------|----------------|---------------|----------------------|-----------|---------------------------|---------------------|----------------------|
| E ONE HUNDRED TH | | | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | _ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u></u> | | | | | Base Rate Fee |
| | <u></u> | | <u></u> | | | - | | and Syndicated |
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| T | | | 0.00 | T 1 1 DOE | | | 0.00 | |
| Total DSEs | _ | | 0.00 | Total DSEs | 1.0 | | 0.00 | |
| Gross Receipts First (| iroup | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | IFTEENTH | SUBSCRIBER GRO | | İ | | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | s above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
|---|--|-----------------------------------|--------------|-----------------------|----------|----------------------------------|------|---------------------|
| ONE HUNDRED SEV | /ENTEENTH | COMPUTATION OF SUBSCRIBER GROU | JP | ii — | SHTEENTH | RIBER GROUP I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | - | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | İ |
| Gross Receipts First | t Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | İ |
| Base Rate Fee First | : Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | ii . | | SUBSCRIBER GROU | | 1 |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | İ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | İ |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | İ |
| Gross Receipts Third | и Group | \$ | 0.00 | Gross Receipts Fourti | ı Group | \$ | 0.00 | İ |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourth | า Group | \$ | 0.00 | 1 |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
|---|--|------------------|-------------|-----------------------|-----------|--------------------|------|----------------------|--|
| | BLOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EACH | 1 SUBSCF | RIBER GROUP | | | |
| | | SUBSCRIBER GROU | JP | ONE HUNDRED TWEN | TY-SECONE | SUBSCRIBER GROUP |) | 9 | |
| COMMUNITY/ AREA | 4 | | 0 | COMMUNITY/ AREA | | | 0 | _ | |
| CALL SICN | DOE | CALLSION | Dec | CALLSION | Dec | I CALL SICN | DOE | Computation of | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | or Base Rate Fee | |
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| Total DSEs | 1 | | 0.00 | Total DSEs | | <u> </u> | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | | |
| Gross receipts riret | Огоир | <u> </u> | 0.00 | Gross Receipts Seed | ia Group | <u>*</u> | 0.00 | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | | |
| ONE HUNDRED TW | ENTY-THIRD | SUBSCRIBER GROUP | | ONE HUNDRED TWEN | TY-FOURTH | I SUBSCRIBER GROUP |) | | |
| COMMUNITY/ AREA | ······ | | 0 | COMMUNITY/ AREA | | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| | | | | | | | 0.00 | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-------------|-----------------|---------------|----------------------|-----------|--------------------|---------------------|----------------------|
| Е | SLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | NTY-FIFTH | SUBSCRIBER GROU | | | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of Base Rate Fe |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First (| | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
| NE HUNDRED TWENT | /-SEVENTH | SUBSCRIBER GROU | | H | | I SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | scriber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | Name |
|---|-------------|------------------|-------------|-----------------------|----------------|------------------|------|----------------------|
| Е | BLOCK A: 0 | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED TWE | NTY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | THIRTIETH | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| 07.122 0.011 | 302 | 07.122 07017 | 332 | 07.122 07011 | 202 | 07.122 01011 | 302 | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED TH | IRTY-FIRST | SUBSCRIBER GROUP | | ONE HUNDRED THIR | TY-SECONE | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | _ | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
|---|--|------------------------------------|--------------|-----------------------|-------------|---------------------------------|------|-------------------|--|
| | | COMPUTATION OF SUBSCRIBER GROUP | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROUF |) | _ | |
| COMMUNITY/ AREA | ······································ | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | - | | | | Base Rate Fee and | |
| | | | | | | | | Syndicated | |
| | | | | | | | | Exclusivity | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | | |
| ONE HUNDRED T | HIRTY-FIFTH | SUBSCRIBER GROUP | ı | ONE HUNDRED TH | HIRTY-SIXTH | SUBSCRIBER GROUP |) | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | |
| 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 | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
|--|--|------------------|-------------|-----------------------|-------------|---------------------------------|------|----------------------|--|
| ONE HUNDRED THIRT | Y-SEVENTH | | | ii e | RTY-EIGHTH | RIBER GROUP SUBSCRIBER GROUP | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | |
| | | SUBSCRIBER GROUP | | ii . | | SUBSCRIBER GROU | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | | |

| CABLE ONE, INC | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
|--|--|------------------|-------------|---------------------------------|-------------|--------------------|------|-------------------|--|
| | | | | ATE FEES FOR EACH | | | | | |
| ONE HUNDRED FO | | SUBSCRIBER GROUP | 0 | ONE HUNDRED FOR COMMUNITY/ AREA | TY-SECONE | SUBSCRIBER GROUP | 0 | 9 | |
| COMMONT IT AREA | | | | COMMONITY AREA | | | | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | ···· | | | | | | | Base Rate Fee | |
| | ···· | | | | <u> </u> | | | and Syndicated | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | |
| | | SUBSCRIBER GROUP | | ii . | TY-FOURTH | I SUBSCRIBER GROUP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | | |

| | JP 0 DSE | 9 Computation of Base Rate Fee and |
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| COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS | 0 | Computation of Base Rate Fee |
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| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ | 0.00 | |
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| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ | 0.00 | |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP | _ | |
| COMMUNITY/ AREA COMMUNITY/ AREA | 0 | |
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| Total DSEs 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 | i e |
| 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) \$ | 0.00 | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|---|------------|----------------|--------------|-----------------------|-----------|------------------|---------------------|------------------|
| ONE HUNDRED FO | | | | ATE FEES FOR EAC | | RIBER GROUP | IID | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | | 1 SUBSCRIBER GRO | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | 1 |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED F | IFTY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED FIF | TY-SECONE | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | · | | 0 | COMMUNITY/ AREA | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-------------|-----------------------------------|-------------|-----------------------|---------------|-----------------|---------------------|---------------------|
| ONE HUNDRED FI | FTY-THIRD | COMPUTATION OF SUBSCRIBER GROU | JP | ATE FEES FOR EACH | Y-FOURTH | | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | ii . | FTY-SIXTH | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | n Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourti | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 010841 | Name |
|--|-------------|------------------|--|----------------------|--------------|------------------|---------------------|------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | Y-SEVENTH | SUBSCRIBER GROUP | | H | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | _ |
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| OF ILL STORY | BOL | 07 KEE 01014 | 502 | 67 LEE 01014 | 502 | OF ILL STORY | 502 | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED F | IFTY-NINTH | SUBSCRIBER GROUF |) | ONE HUNDF | RED SIXTIETH | SUBSCRIBER GROUF |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | 3 | 010841 | Name |
|---|----------------|--------------------|--|-------------------------|----------|--------------------|---------------|------------------|
| Bl | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 0 |
| COMMUNITY/ AREA | CLEVE | LAND/BOLIVAR | CO./PAC | COMMUNITY/ AREA | DREW/F | RULEVILLE/SUNF | LOWER | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Bross Receipts First G | roup | \$ 452 | 2,107.00 | Gross Receipts Secon | d Group | \$ | 55,058.00 | |
| | | | | | | | <u> </u> | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | UP | | FOURTH | SUBSCRIBER GRO | UP | |
| 001414111111111111111111111111111111111 | | OODOO! (IDE! COICE | <u> </u> | 00044410117777 | 10011111 | OODOO! (IBE!! O!!O | _ | |
| COMMUNITY/ AREA | SHAW | | | COMMUNITY/ AREA | | | 0 | |
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| otal DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Proce Receipts Third (| -roun | e 18 | 3,335.00 | Gross Receipts Fourth | Group | ¢ | 0.00 | |
| Gross Receipts Third C | Joup | \$ 18 | ,,555.00 | Gross Receipts Fourth | Group | \$ | 3.00 | |
| | | | | | | | 1 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | <u> </u> | | | | |
| | | | criber group | as shown in the boxes a | above. | | | |
| Inter here and in block | 3, line 1, | space L (page 7) | | | | \$ | 0.00 | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | - | | | S | YSTEM ID# 010841 | Name |
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| COMMUNITY/ AREA | FIFIH | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | 9 |
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| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | <u> </u> | | | - | <u></u> | Syndicated Exclusivity |
| | | | | | | - | | Surcharge |
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| Total DSEs | 1 | | 0.00 | Total DSEs | | Į. | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | UP 0 | |
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| Total DSEs | 1 | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| ne base | | | | Base Rate Fee Fourt | | \$ | 0.00 | |

| NI | YSTEM ID# 010841 | S | | | • | LE SYSTEM: | | LEGAL NAME OF OWNE |
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| 9 | | SUBSCRIBER GROU | TENTH | 001414111777777 | | SUBSCRIBER GRO | NINTH | 0014441147777 |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate Fe | | | | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| CABLE ONE, INC. | R OF CABL | LE SYSTEM: | | | | S | 910841 | Name |
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| | Y-FIFTH | SUBSCRIBER GRO | | | NTY-SIXTH | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | 1 | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| TWENTY-S | EVENTH | SUBSCRIBER GRO | UP | TWENT | Y-EIGHTH | SUBSCRIBER GRO | JP | |
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| Name | 010841 | S' | | | | | R OF CABL | CABLE ONE, INC. |
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| | JP | IBER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
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| Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge | | | INIKI | | SUBSCRIBER GROU | SEVENTH | |
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| 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | roup | Gross Receipts Third G |
| 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | roup | Base Rate Fee Third G |

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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| JP | SUBSCRIBER GROU | TY-SIXTH | FIF | JP | SUBSCRIBER GROU | TY-FIFTH | FIF | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| ٥ | JP | SUBSCRIBER GROU | Y-EIGHTH | FIFT | | SUBSCRIBER GRO | SEVENTH | FIFTY-S | |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr | |
| | JP | SUBSCRIBER GROU | SIXTIETH | | JP | SUBSCRIBER GRO | TY-NINTH | FIFT | |
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| 0 Computation SE of Base Rate Fe and Syndicated | ROUP | | SUBSCR | TE EEES EOD EACH | | | | | | |
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| Computation SE of Base Rate Fe | ROUP | K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP | | | | | | | | |
| Computation SE of Base Rate Fe | | SUBSCRIBER GROU | '-SECOND | | | SUBSCRIBER GRO | TY-FIRST | | | |
| Base Rate Fe | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | | |
| and | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| SIX | TY-NINTH | SUBSCRIBER GRO | | SE | EVENTIETH | I SUBSCRIBER GRO | UP | 9 |
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| SEVEN | TY-FIRST | SUBSCRIBER GRO |) I IP | SEVENT | Y-SECOND | SUBSCRIBER GROU | IP | |
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| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fourth | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourti | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxes | above. | \$ | | |

| | E ONE, INC. 010841 | | | | | | | | |
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| 9 | JP 0 | SUBSCRIBER GROU | r-FOURTH | SEVENTY COMMUNITY/ AREA | <u>JP</u> | SUBSCRIBER GRO | ı Y-IHIRD | SEVEN COMMUNITY/ AREA | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| EIGHTY-S | SEVENTH | SUBSCRIBER GRO | UP | EIGH1 | Y-EIGHTH | SUBSCRIBER GRO | UP | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | |
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| e base rate fees for each subscriber gr. 3, line 1, space L (page 7) | e fees for each subscriber gr | | | | | \$ | 0.00 | |

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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
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| - | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
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| | | IBER GROUP | SUBSCR | TE FEES FOR EACH | BASE RA | COMPUTATION OF | LOCK A: (| BL |
| _ | JP | SUBSCRIBER GROU | ED TENTH | ONE HUNDR | JP | SUBSCRIBER GRO | ED NINTH | ONE HUNDRE |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr |
| | JP | SUBSCRIBER GROU | TWELVTH | ONE HUNDRED | JP | SUBSCRIBER GRO | LEVENTH | ONE HUNDRED EL |
| | COMMUNITY/ AREA 0 | | | | 0 | | | COMMUNITY/ AREA |
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| | E, INC. 010841 | | | | | | | |
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| | ID. | | | | | COMPUTATION OF | | |
| 9 | JP 0 | SUBSCRIBER GROU | KIEENTH | ONE HUNDRED FOL | JP 0 | SUBSCRIBER GROU | KIEENTH | ONE HUNDRED THII COMMUNITY/ AREA |
| Computati | | | | OCIVINOTATI 17 74 CE/C | | | | OOWWOTHT 17 7 KEZY |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | 0.00 | \$ | | Gross Receipts Secon Base Rate Fee Secon | 0.00 | \$ \$ | | |
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| | 0.00 JP | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA | 0.00 JP 0 | \$ SUBSCRIBER GROU | Group FTEENTH | ONE HUNDRED FICOMMUNITY/ AREA |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | Group | Base Rate Fee First G |
| | 0.00 JP | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA | 0.00 JP 0 | \$ SUBSCRIBER GROU | Group FTEENTH | Base Rate Fee First G ONE HUNDRED FI COMMUNITY/ AREA |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
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| • | | SUBSCRIBER GROUP | GHTEENTH | ONE HUNDRED E | · | SUBSCRIBER GROUP | NTEENTH | ONE HUNDRED SEVE |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABI | LE SYSTEM: | | | | S | 010841 | Name |
|--|-----------|------------------|----------------|----------------------|------------|------------------|--------|------------------|
| BL | OCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED TWEN | TY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED TWE | NTY-SECONE | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWEN | TY-THIRD | SUBSCRIBER GROUP |) | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| 07.122 0.0.1 | 202 | 07.22 0.011 | 302 | 07.22 0.0.1 | 702 | 07.122.01.01.1 | 502 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| COMPUTATION O | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
|-------------------|--|--|---|---|--|--|--|--|
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| 1 SUBSCRIBER GROU | P 0 | ONE HUNDRED TO | | I SUBSCRIBER GROUP | 0 | 9 | | |
| | | COMMONT IT ARE | A | | | Computation | | |
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| | 0.00 | Total DSEs | | | 0.00 | | | |
| \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
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| \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| 1 SUBSCRIBER GROU | Р | ONE HUNDRED TW | ENTY-EIGHTH | I SUBSCRIBER GROUP |) | | | |
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| | \$ \$ SUBSCRIBER GROUNTS | 0.00 \$ 0.00 \$ 0.00 H SUBSCRIBER GROUP | 0.00 \$ 0.00 Total DSEs Gross Receipts Sec \$ 0.00 Base Rate Fee Sec ONE HUNDRED TW COMMUNITY/ ARE | 0.00 \$ 0.00 Total DSEs Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group ONE HUNDRED TWENTY-EIGHTH COMMUNITY/ AREA | 0.00 Total DSEs Gross Receipts Second Group \$ | 0.00 Total DSEs 0.00 S 0.00 S 0.00 S 0.00 Base Rate Fee Second Group S 0.00 | | |

| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| 9 | 0 | SUBSCRIBER GROUP | THIRTIETH | ONE HUNDRED COMMUNITY/ AREA | 0 | SUBSCRIBER GROUP | NTY-NINTH | ONE HUNDRED TWEE |
| Computation | | | | COMMUNITY AREA | | | | COMMUNITY AREA |
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| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | ase Rate Fee First G |
| | | SUBSCRIBER GROUP | Y-SECOND | ONE HUNDRED THIRT | | SUBSCRIBER GROUP | RTY-FIRST | ONE HUNDRED THI |
| | COMMUNITY/ AREA 0 | | | | 0 | | | COMMUNITY/ AREA |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | |
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| | | IBER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: C | BL |
| • | | SUBSCRIBER GROUP | Y-FOURTH | ONE HUNDRED THIR | | SUBSCRIBER GROUP | RTY-THIRD | ONE HUNDRED THIR |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010841 | | | | | | | | Name |
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| BL | OCK A: 0 | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| ONE HUNDRED THIRTY- | SEVENTH | SUBSCRIBER GROUP | 1 | ONE HUNDRED THIR | TY-EIGHTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED THIRT | Y-NINTH | SUBSCRIBER GROU | JP | ONE HUNDRED | FORTIETH | SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. 010841 | | | | | | | | Name |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| se Rate Fee: Add the er here and in block | | e fees for each subsc | riber group | as shown in the boxes a | above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL | LE SYSTEM: | • | | | S | YSTEM ID# 010841 | Name |
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 010841 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 mustalso compute a 9 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: Computation First 50 major television market Second 50 major television market Base Rate Fee **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 and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 010841 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 mustalso compute a 9 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: Computation First 50 major television market Second 50 major television market Base Rate Fee **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 and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 010841 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 mustalso compute a 9 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: Computation First 50 major television market Second 50 major television market Base Rate Fee **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 and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 010841 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 mustalso compute a 9 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: Computation First 50 major television market Second 50 major television market Base Rate Fee **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 and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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