Subgroup Gross Receipts Total

\$ -

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST	1		
SECOND	2		
THIRD	3		
FOURTH	4		
FIFTH	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH	10		
ELEVENTH	11		
TWELVTH	12		
THIRTEENTH	13		
FOURTEENTH	14		
FIFTEENTH	15		
SIXTEENTH	16		
SEVENTEENTH	17		
EIGHTEENTH	18		
NINTEENTH	19		
TWENTIETH	20		
TWENTY-FIRST	21		
TWENTY-SECOND	22		
TWENTY-THIRD	23		
TWENTY-FOURTH	24		
TWENTY-FIFTH	25		
TWENTY-SIXTH	26		
TWENTY-SEVENTH	27		
TWENTY-EIGHTH	28		
TWENTY-NINTH	29		
THIRTIETH	30		
THIRTY-FIRST	31		
THIRTY-SECOND	32		
THIRTY-THIRD	33		
THIRTY-FOURTH	34		
THIRTY-FIFTH	35		
THIRTY-SIXTH	36		
THIRTY-SEVENTH	37		
THIRTY-EIGHTH	38		
THIRTY-NINTH	39		
FORTIETH	40		

2. B'cast Space G Basis of Channel 3. Type of DSE 1. Call Sign Number Station 6. Location of Station Carriage **WUPX** 21 Ν Morehead, KY 0.250 WUPX-2 21-2 0.250 N-M Morehead, KY WUPX-3 21-3 0.250 N-M Morehead, KY 36 Ν 0.250 WKYT Lexington, KY WKYT-3 36-3 N-M Lexington, KY 0.250 **WLEX** 39 Ν Lexington, KY 0.250 39-2 WLEX-2 N-M Lexington, KY 0.250 15 Ε 0.250 **WKMR** Morehead, KY WKMR-2 15-2 E-M 0.250 Morehead, KY 15-3 E-M WKMR-3 Morehead, KY 0.250 **WLWT** 35 Ν Cincinnati, OH 0.250 35-2 0.250 WLWT-2 N-M Cincinnati, OH **WXIX** 29 Ν Cincinnati, OH 0.250 29-2 WXIX-2 N-M Cincinnati, OH 0.250 WXIX-3 29-3 N-M Cincinnati, OH 0.250 **WCPO** 22 0.250 Ν Cincinnati, OH WCPO-2 22-2 N-M Cincinnati, OH 0.250 WCPO-3 22-3 N-M 0.250 Cincinnati, OH **WSTR** 33 Ν 0.250 Cincinnati, OH WSTR-2 33-2 N-M Cincinnati, OH 0.250 WSTR-3 33-3 N-M Cincinnati, OH 0.250 WSTR-4 33-4 N-M 0.250 Cincinnati, OH WKRC 12 Ν 0.250 Cincinnati, OH 12-2 WKRC-2 N-M Cincinnati, OH 0.250 12-3 0.250 WKRC-3 N-M Cincinnati, OH Ε WCET 34 0.250 Cincinnati, OH WCET-2 34-2 E-M 0.250 Cincinnati, OH WCET-3 34-3 E-M Cincinnati, OH 0.250 #N/A #N/A

	2. B'cast					Space G
	Channel	3. Type of				Basis of
1. Call Sign	Number	Station	6. Location of Station	า	DSE	Carriage
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	

ACCOUNTING PERIOD: 2017/1

ORM SA3E. PAGE 1b.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Standard Tobacco Company, Inc.	
Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your S Account.	tatement of

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							
	\$						
7/28/2017	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2017/1							
Period								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account conducts the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perion	em the accounting period should s					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Standard Tobacco Company, Inc.							
	Limestone Cable Vision							
				6265 2017/1				
	P.O. Box 100							
	Maysville, KY 41056							
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the system	em unless these				
С	names already appear in space B. In line 2, give the mailing address of							
System	IDENTIFICATION OF CABLE SYSTEM:							
	Limestone Cable Vision							
	MAILING ADDRESS OF CABLE SYSTEM:							
	P.O. Box 100 (Number, street, rural route, apartment, or suite number)							
	Maysville, KY 41056							
	(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	Maysville	tify only the frst community served below and relist on page 1b						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	1				
Campio	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 sufficiency of the fling, a determination that would be made by a court of law.

ORM SA3E. PAGE 10.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Standard Tobacco Company, Inc.			6265						
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 basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Maysville	KY	AA		First					
Dover	KY	AA		Community					
	•								
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					
			······						

		1
••••••••	 	
		1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Standard Tobacco Company, Inc.
SYSTEM ID#

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.

BLO	BLOCK 1				BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:				П							
Service to first set	3,449	\$	32.00								
 Service to additional set(s) 											
 FM radio (if separate rate) 											
Motel, hotel											
Commercial											
Converter											
Residential											
 Non-residential 											
1	F			1 1		T	[

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	F	RATE	CATEGORY OF SERVICE RATE		(CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential					
Pay cable	\$	21.95	Motel, hotel	\$	40.00			
 Pay cable—add'l channel 	\$	21.95	Commercial	\$	40.00			
Fire protection			Pay cable					
Burglar protection			Pay cable-add'l channel					
Installation: Residential			Fire protection					
First set	\$	40.00	Burglar protection					
 Additional set(s) 	\$	15.00	Other services:					
• FM radio (if separate rate)			Reconnect	\$	40.00	-		
Converter			Disconnect			-		
			Outlet relocation	\$	40.00	-		
			Move to new address	\$	40.00			

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6265 Standard Tobacco Company, Inc. 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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε 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 pasis 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 th 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 AA 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No CARRIAGE (If Distant) NUMBER STATION **WUPX** 21 Ν No Morehead, KY WUPX-2 21-2 N-M No Morehead, KY ee instructions for WUPX-3 N-M additional information 21-3 Nο Morehead, KY on alphahetization WKYT No Lexington, KY 36 Ν WKYT-3 N-M 36-3 Nο Lexington, KY **WLEX** 39 N No Lexington, KY WLEX-2 39-2 N-M No Lexington, KY WKMR 15 Ε No Morehead, KY WKMR-2 15-2 E-M No Morehead, KY WKMR-3 E-M Nο Morehead, KY 15-3 WLWT Cincinnati, OH 35 Ν No WLWT-2 35-2 N-M No Cincinnati, OH WXIX 29 No Cincinnati, OH Ν WXIX-2 29-2 N-M No Cincinnati, OH WXIX-3 29-3 N-M No Cincinnati, OH **WCPO** 22 No Cincinnati, OH WCPO-2 22-2 N-M Nο Cincinnati, OH WCPO-3 22-3 N-M No Cincinnati, OH WSTR 33 Ν No Cincinnati, OH N-M WSTR-2 33-2 No Cincinnati, OH WSTR-3 33-3 N-M No Cincinnati, OH WSTR-4 33-4 N-M No Cincinnati, OH WKRC No Cincinnati, OH 12 Ν WKRC-2 12-2 N-M No Cincinnati, OH WKRC-3 12-3 N-M No Cincinnati, OH WCET 34 No Cincinnati, OH Ε WCET-2 No 34-2 E-M Cincinnati, OH WCET-3 34-3 E-M No Cincinnati, OH

TORWOOLS TROLE O.					CVCTEM ID#		
Standard Toba					SYSTEM ID# 6265	Name	
PRIMARY TRANSMITTE	RS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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							
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	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		

TORWOOLS TROLE O.					CVCTEM ID#			
Standard Toba					SYSTEM ID# 6265	Name		
PRIMARY TRANSMITTE	RS: 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								
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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
		 				-		

FURINI SAJE. PAGE 3.					0)/0751		
Standard Toba					SYSTEM	71 ID# 5265	Name
PRIMARY TRANSMITT							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the consistency of	he accounting n June 24, 199 4), or 76.63 (red in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a		Primary Transmitters: Television
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 s							
Note: If you are utilizing	ig multiple chai		EL LINE-UP		спаппетипе-ир.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3	3.						
	WNER OF CABLE S				SYSTEM ID#	Name	
Standard Tol	pacco Compa	ny, Inc.			6265		
PRIMARY TRANSMIT	TTERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 multi-							
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 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 o							
Note: If you are utili	zing multiple cha		•		channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

TORWOOLS TROLE O.					CVCTEM ID#			
Standard Toba					SYSTEM ID# 6265	Name		
PRIMARY TRANSMITTE	RS: 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 multi-								
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, giv nnel line-ups,	r U.S. stations, le the name of the use a separate	list the community ne community with space G for each	to which the station is licensed by the which the station is identified.			
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			
	<u> </u>	†	······	†		1		

FORM SA3E. PAGE 3	•						
LEGAL NAME OF O					SYSTEM ID#	Name	
Standard Tob	acco Compa	ny, Inc.			6265		
PRIMARY TRANSMIT	TERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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							
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 dentifed.							
Note: If you are utilize	zing multiple chai		•		cnannei iine-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.							
Standard Toba					SYSTEM ID# 6265	Namo	
PRIMARY TRANSMITT							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 31, permitting the eferring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television	
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 specife 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), "I" (for independent multicast), "I" (for noncommercial educational), or "E-M" (for noncommercial educational) or "E-M" (for noncomme							
Note: If you are utilizing	- Inditiple chai		EL LINE-UP		onamies into up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.					2)/275		
Standard Toba					SYSTE	м ID# 6265	Name
PRIMARY TRANSMITTI							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the consistence of	he accounting n June 24, 198 (4), or 76.63 (red in the next p	period, except 81, permitting th referring to 76.6° paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program		G Primary Transmitters: Television
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 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							
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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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FURINI SAJE. PAGE 3.					0)/0751		
Standard Toba					SYSTEM	71 ID# 6265	Name
PRIMARY TRANSMITTI							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the consistence of	he accounting n June 24, 198 (4), or 76.63 (red in the next p	period, except 81, permitting th referring to 76.6° paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program		Primary Transmitters: Television
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 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							Television
		CHANN	EL LINE-UP	AJ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Standard Toba	cco Compa	ny, Inc.			6265	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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))]; 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 (1) (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), "F" (for independent), "I-M" (for i						
Note: If you are utilizing	ig multiple chai		•		спаппет ппе-ир.	
	1	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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FURINI SAJE. PAGE 3.					0)/07514		
Standard Toba					SYSTEM 6	1D# 265	Name
PRIMARY TRANSMITTE							
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	system during the consistence of	he accounting n June 24, 198 (4), or 76.63 (red in the next p	g period, except 81, permitting th referring to 76.6° paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program		Primary Transmitters: Television
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 yo							
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		

FURINI SAJE. PAGE 3.					0)/075	"	
Standard Toba					SYSTE	М ID# 6265	Name
PRIMARY TRANSMITTI							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program		G Primary Transmitters: Television
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Note: If you are utilizing	ig manipic chai	· ·	EL LINE-UP		channer inte-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.						.1
Standard Toba					SYSTEM ID# 6265	Namo
PRIMARY TRANSMITT						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during the consistence of	he accounting n June 24, 199 4), or 76.63 (red in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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 ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give th its community of licens on which your cable s' Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serve 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	CC rules, regular here in space only on a substand also in spatioformation concorn. The station's call associated with a-2". Simulcast e channel numbers. For example ystem carried the in each case of entering the lecast), "E" (for no ese terms, see particular and a distant staticition on a part-tirision of a distant tentered into on a primary trans simulcasts, also ree categories e location of ea Canadian station.	ations, or auth G—but do list titute basis. ace I, if the staterning substit sign. Do not read a streams must be the FCC has, WRC is Chane station. Whether the station. Whether the station acrommercial page (v) of the the local servage (v) of the esa' in column on during the care multicast stream or before Jumitter or an acrommercial content of the column or during the care multicast stream or before Jumitter or an acrommercial content etc. If the see page (v) ch station. For ons, if any, given	orizations: It it in space I (the strict of the space I (the strict of the space I) It it in space I (the strict of the space I) It is space I (the strict of the space I) It is space I (the space I) It is space I (e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This limit of t	is". If not, enter "No". For an expaper SA3 form. Istating the basis on which your ering "LAC" if your cable system capacity. In payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. In to which the station is licensed by the which the station is identified.	Television
Total in you are utilizing	- Inditiple offar		EL LINE-UP		orientes into up.	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						·

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEMI	Namo	
Standard Toba	cco Compa	ny, Inc.			62	65	
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 Pasis Pasi	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y te	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 stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, in the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(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 program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontrolled in the special state of the service of the state of the st	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	Primary Transmitters: Television	
Note: If you are utilizing	ng multiple chai	•	•		cnannei iine-up.		
	•	CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.					0./075			
Standard Toba					SYSTEM	M ID# 6265	Name	
PRIMARY TRANSMITT								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
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FURINI SAJE. PAGE 3.					0)/075			
Standard Toba					SYSTE	M ID# 6265	Name	
PRIMARY TRANSMITT								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURM SAJE. PAGE 3.					21/2	I
Standard Toba					SYSTEM ID# 6265	Name
PRIMARY TRANSMITTE						
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify every system during the ions in effect or i.61(e)(2) and (sis, as explaine	y television standard the accounting on June 24, 194 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	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	G Primary Transmitters: Television
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LECAL NAME OF OWA	IED OF CARLE S	/CTEM:			SYSTEM ID#	
Standard Toba					6265	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.	
		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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SY	STEM ID#	Name
Standard Toba	cco Compa	ny, Inc.				6265	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space C 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 its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sti planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a	G, identify even diving the consistence of the cons	y television standard accounting in June 24, 19 4), or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. In the standard accounting the station accounting the station. Whether the station accounting the conducting the station accounting the station accounting the station accounting the conducting the conduct	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations controlled the station was carried that basis station report origination coording to its over the period of the station is a network, "N-M" (I educational), controlled the station is a network, "N-M" (I educational), controlled the general instructive area, (i.e. "of general instructive ause of lack of a station is an experience of lack of a station is an experience area, instructive ause of lack of a station is an experience area, in the station is an experience area, in the station of	(1) stations carried the carriage of certain (e) (2) and (4))]; as a 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 statington, D.C. This work station, an indefor network multicor "E-M" (for nonconformation located in the distant"), enter "Yesions located in the mplete column 5, and Indicate by entertivated channel of the prima in the	es". If not, enter "No". For an ex- epaper SA3 form. stating the basis on which your pering "LAC" if your cable system	er n a gram er d tify e el ercial .	G Primary Transmitters: Television
explanation of these the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv	of the general or U.S. stations, e the name of the	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed which the station is identifed.		
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Standard Toba	cco Compa	ny, inc.			6265	
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 Pasis Substitute Pasis Subsis 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 multic 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 Column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried 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 c	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard accounting on June 24, 19 4), or 76.63 (in doint he next property to any attions, or auth G—but do listitute basis. In the standard account of the station account of the station account of the station. In the station account of the station. In the local service of the station account of the local service of the station. In the local service of the station on during the one basis becamulticast stream or before Jumitter or an account of the station. For the station, if any, given the service of the station. For the station, if any, given the service of the station of the service of the se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to tit in space I (the station was carried that basis station report origination cording to its own be reported in origination as assigned to sannel 4 in Wash station is a network etwork), "N-M" (I educational), or egeneral instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, instructive a	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as a 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 book station, an indefor network multicor "E-M" (for noncontions located in the insplete column 5, and Indicate by enactivated channel is subject to a royalty estemplate column 5, and Indicate by enactivated the primal channel on any orienstructions located in the insplete column 5, and Indicate by enactivated channel on any orienstructions located in the instructions located in the community with the community	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 and in the paper SA3 form. y to which the station is licensed by the m which the station is identifed.	Primary Transmitters: Television
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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	

LEGAL NAME OF OWN	IED OF OAD! E O	(OTEN 4			SYSTEM ID#		
Standard Toba					6265	Name	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
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Note: If you are utilizing	ig multiple chai	•	use a separate		channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Standard Toba	cco Compa	ny, Inc.			6265	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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 P	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried that the station was carried to the period of the station was assigned to the station is a network etwork), "N-M" (I educational), one general instruction of the station was assigned to the station was assigned t	(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 program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontrolled in the special state of the service of the state of the st	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 manipic onai	•	•		onamici inic 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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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Standard Tobacco Company, Inc. 6265 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.								ACCOUNTING	PERIOD: 2017/1		
LEGAL NAME OF OWNER OF							SY	STEM ID#	Name		
Standard Tobacco Coi	mpany, In	C.						6265	Name		
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ı							
									1		
In General: In space I, identi substitute basis during the ad	ify every nor ecounting pe	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	distant station C rules, regula	n that your ations. or a	cable sy outhorizat	stem ca	arried on a			
explanation of the programm									Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2. 2. LOG OF SUBSTITUTE	BBOGBA	Me									
In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meani	ing is				
clear. If you need more spa			al pages. ision program (substitute p	roaram) that	during the	account	tina				
period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming o	of anothe	er statio	n			
under certain FCC rules, re SA3 form for futher informa											
titles, for example, "I Love L	ucy" or "NE	BA Basketball:			·						
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.							
Column 4: Give the broathe case of Mexican or Can			ne community to which the			ie FCC o	r, in				
Column 5: Give the mon	th and day		tem carried the substitute			, with the	month	l			
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system.	List the ti	mes accı	urately				
to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should b	e ,				
			was substituted for progra								
to delete under FCC rules a gram was substituted for pr											
effect on October 19, 1976.		triat your syste	sin was permitted to delete	under i oo i	aics and i	cguiatioi	13 111				
				WHE	N SUBS	TITUTE					
S	UBSTITUT	E PROGRAM			IAGE OC		D	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES —	то	DELETION			
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						_					
						_					
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						_					
											

ACCOUNTING PERIOD: 2017/1 FORM SA3E, PAGE 6.

ACCOUNTING	PERIOD: 2017/1	FORM SAJE. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Standard Tobacco Company, Inc.	6265
	PART-TIME CARRIAGE LOG	
J	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates a hours your system carried that station. If you need more space, please attach additional pages.	

Part-Time Carriage Log

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

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

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

		DATES	AND HOURS (OF PART-TIME CAR	RIAGE				
CALL SIGN	WHEN	CARRIAGE OCCU		CALL SIGN	WHEN CARRIAGE OCCURRED HOURS				
	DATE	HOUR FROM	rs TO		DATE	FROM		TO	
		_					_		
		_					_		
							_		
		_					_		
									
							.=		
									
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LE	GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama						
St	andard Tobacco Company, Inc.		6265	Name						
Ins all (as pa	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amour amounts (gross receipts) paid to your cable system by subscribers for the system's sec identified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmissi	on service unt, see 665,420.00	K Gross Receipts						
• Co • Co • If y fee	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.									
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	be entered on line	1 of							
▶ If p	oart 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2	in block							
▶ If p	pelow. Poart 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho Block 4 below.	ould be entered or	n 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 fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064									
	Enter the result here.	\$	7,080.07							
	This is your minimum fee.		·							
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. X No—Leave block 3 below blank and on the space of the properties	mn 4, you must ch	neck							
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	-							
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	7,080.07	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.		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	<u>\$</u>	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	\$	7,805.07	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 page (i) of th	е							

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	Standard Tobacco Company, Inc.									
	Otanidaru robacco Company, inc.									
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	O Fates the total growth as of a third at bases le									
	Enter the total number of activated channels on which the cable system carried television broadcast stations									
	and nonbroadcast services									
	und nontroductat controdo									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
Individual to	we can contact about this statement of account.)									
Be Contacted										
for Further	Name Jeff Cracraft Telephone 606-564-9220 ext. 316									
Information	Name Jen Gracian									
	Allow BO Pay 400									
	Address P.O. Box 100 (Number, street, rural route, apartment, or suite number)									
	Maysville, KY 41056 (City, town, state, zip)									
	Email standtob@maysvilleky.net Fax (optional) 866-491-8553									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
0										
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
Certification	1, the dilucisigned, hereby certify that (offect one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified									
	in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true complete, and correct to the heat of my knowledge, information, and helief, and are made in good faith.									
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	/s/ Jeffery A Cracraft									
	A A									
	Enter an electronic signature on the line above using an "/s/"									
	signature to certify this statement. (e.g., /s/ John Smith)									
	(og., is some simely									
	Typed or printed name: Jeffery A Cracraft									
	THE VID									
	Title: VP (Title of official position held in corporation or partnership)									
	(Title of official position field in corporation of partite(stillp)									
	Date:									

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 filing, a determination that would be made by a court of law

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Standard Tobacco Company, Inc.	6265	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system servibers and amounts collected from subscribers receiving secondary transmissions pursuar For more information on when to exclude these amounts, see the note on page (vii) of the general in paper 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	tem for the basic shall not include sub- at to 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 payme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		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	x 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For furth 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 Copplease list below the owner, address, first community served, accounting period, and ID number as 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

	40,00.100											
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 CABLE SYSTEM: SYSTEM ID#											
ı	Standard Tobacco Company, Inc. 6265											
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:									
	Add the DSEs of each station											
	Enter the sum here and in line	er the sum here and in line 1 of part 5 of this schedule.										
	Instructions:											
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	the letter "O" in column 5							
	of space G (page 3).											
Computation	In the column headed "DSE"			E as "1.0"; for	each network or noncom-							
of DSEs for	mercial educational station, given	e the DSE as "		10. DOE-								
Category "O" Stations	CALL CICAL	DOE	CALL SIGN		CALL CION	DOE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as				.								
necessary.				 								
Remember to copy												
all formula into new												
rows.												
						•						
						•						
						l						

Name		owner of Cable System: bbacco Company, Inc).				S	4STEM ID# 6265		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the station of the column of	the number of hours ymation given in space the total number of hours 2 by the figure in the point. This is the station, give the "type lumn 4 by the figure	your cable system of J. Calculate on ours that the station column 3, and general ended to the column 3, and general ended to the column 5, and in column 5, and	n carried the station of the station	on during the accounting the station. r the air during the accouncecimals in column 4. The ation. c or noncommercial eductions of the column 6. Round to no lead to the station of the column 6. Round to no lead to the station of the column 6. Round to no lead to the station of the station	unting period. is figure must cational station, ess than the			
Capacity		С	ATEGORY LAC	STATIONS: (COMPUTATIO	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NU JRS OF ED BY ST	JMBER HOURS ATION NAIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E		
						x				
			÷	=		x	=			
						x x				
						<u>x</u>				
			÷	=		X	=			
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of pa		,		0.00				
Computation of DSEs for Substitute-Basis Stations	for space I). te- Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted									
		SUI	BSTITUTE-BASI	S STATIONS	S: COMPUTA	TION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷	•••••••••••••			÷		=		
		- -				÷		=		
		÷		:		÷		= <mark></mark>		
		÷				÷		= =		
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa		,	▶	0.00				
5		ER OF DSEs: Give the am		in parts 2, 3, and	4 of this schedule	and add them to provide	the tota			
Total Number	1. Number o	of DSEs from part 2●			>		0.00			
of DSEs		of DSEs from part 3 ●					0.00			
	3. Number o	of DSEs from part 4 ●			>		0.00			
	TOTAL NUMBE	ER OF DSEs					,	0.00		

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

LEGAL NAME OF (OWNER OF CABLE	SYSTEM:					S	YSTEM ID#		
Standard Tob	acco Compan	y, Inc.						6265	Name	
	ck A must be com	pleted.								
In block A: If your answer if	"Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	f the	6	
schedule. • If your answer if	"No," complete blo	ncks B and (: helow							
ii your unowor ii	110, complete bit			TELEVISION M	ARKETS				Computation of	
Is the cable syste effect on June 24.	m located wholly o	outside of all	major and sma	aller markets as de	efined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee	
1	, 1961? oplete part 8 of the	schedule—l	DO NOT COM	PLETE THE REM.	AINDER OF F	PART 6 AND 7	•			
X No—Com	plete blocks B and	C below.								
		BI O	CK B: CARR	IAGE OF PERI	MITTED DS	 SFs				
Column 1:	List the call signs						tem was permitte	d to carry		
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)]										
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 of a distant multicast stream.										
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in columr			vorksheet on pag	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		
					l			0.00		
								0.00		
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			,			
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove						
	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00		
Line 4: Enter gro	oss receipts from	ı space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted	
Line 6: Enter tot	al number of DS	Es from line	e 3						carriage? If yes, see part 9 instructions.	
Line 7: Multiply	line 6 by line 5 aı	nd enter he	re and on line	2, block 3, spac	e L (page 7))		0.00	2	

GAL an	Standard Tobacco Company, Inc. 6265										
			BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)				
	. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6	
										Computation of 3.75 Fee	
									•••••	3.731 66	
									•••••		
							•				
									•••••		
									•		
				-							
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:										#		
Name	Standard Tobac	cco Compa	any, Inc.							6265	5		
			-,,								_		
Worksheet for Computating the DSE Schedule for Permitted 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.												
	DEDMITTED DOE FOR CTATIONS CARRIED ON A DART TIME AND CUROTITUTE DAGIC												
		1			IED								
	1. CALL SIGN	2. PRIC		ACCOUNTING PERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	PERMITTED DSE			
	CICIT	BOL		1 EIGOD		O/WWW.		JOE		DOL			
					ļ								
				•••••									
				••••••	†								
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				•••••	ļ								
				••••••	 								
					<u> </u>								
					<u> </u>								
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET												
_			DLC	OCK A. IVIAJOR	. 11	ELEVISION WARK	<u> </u>						
Exclusivity Surcharge	• Is any portion of the o	cable system v	vithin a top 100 r	najor television ma	rke	et as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8						
	BLOCK B: C	arriage of VHI	F/Grade B Cont	our Stations		BLOCK	K C: Compu	Itation of Exem	pt DSE	s	_		
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places	, ,			Was any station listed nity served by the cab to former FCC rule 76	I in block B ble system p	of part 7 carrie	d in any	commu-			
	Yes—List each si			permitted DSE		Yes—List each st X No—Enter zero a			ate permi	itted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE	1	CALL SIGN	DSE	CALL SIG	in I	DSE	l		
	O/ILL GIGIT	BOL	ONEE OFFI	DOL		O'ALL GIGIT	BOL	O/ IEE OIG		DOL	ı		
											ı		
					$\{ \ $		ļ						
]								
		 			$\left \cdot \right $		 						
		<u> </u>	TOTAL DSEs	0.00	1			TOTAL DS	Es	0.00			
	1				- 1	I							

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Standard Tobacco Company, Inc.	6265	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	665,420.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
SECTION 4: SECOND 50 TELEVISION MARKET			
Section	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.		
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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	_	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM	I ID#
	;	Standard Tobacco Company, Inc.	265
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of 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) ▶ \$	
	Continu	<u></u>	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	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) Base Rate Fee	00
		Base Rate Fee	<u>'</u> .

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

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Stand	ard Tobacco Company, Inc.	6265	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **S		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here >		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$\$	0.00	
	Dase Nate 1 ee		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
Step 3 subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		tem's subscriber	
	section: fy the communities/areas represented by each subscriber group.		
Give subscri	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n parts 2, 3,	
2) any	contion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at 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 6265 Standard Tobacco Company, 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.

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

	EGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID# 6265									
Bl				TE FEES FOR EAC						
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
			<u></u>					and		
			_	.	·····			Syndicated		
			<u> </u>			-		Exclusivity Surcharge		
					••••			for		
								Partially		
								Distant		
								Stations		
		<u> </u>								
						-				
••••••			†	-	•••••					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$	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			
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u></u>							
			<u></u>		·····					
			1		•••••					
			†	-		-				
			_							
			1		•••••					
				·						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00			
Base Rate Fee: Add th			riber group	as shown in the boxes	s above.	e	0.00			
Liner nere and in block	J, IIIIE 1, 8	space L (page 1,				\$	0.00			

	EGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID#									
BL				TE FEES FOR EAC						
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
OALL GIGIT	DOL	G/ LEE GIGIT	502	O/ LEE OTOTY	202	O'ALL GIGIT	502	Base Rate Fe		
								and		
			<u></u>					Syndicated Exclusivity		
						 		Surcharge		
								for		
								Partially Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00			
S	EVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u></u>							
			-							
			. 							
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			
Receipts Third G Rate Fee Third G Rate Fee: Add th	roup e base rat	\$	0.00	Gross Receipts Fou	rth Group		0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID# 6265								
BL				TE FEES FOR EACH				
	NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.01011		0.122						Base Rate Fee
								and
•••••		-						Syndicated
								Exclusivity
							<u></u>	Surcharge for
		-					<u> </u>	Partially
								Distant
		-						Stations
					•		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
							<u></u>	
		-						
		-						
					···			
Total DSEs			0.00	Total DSEs			0.00	
			,				•	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	ABLE SYSTEM: Pany, Inc.				S	YSTEM ID# 6265	Nam
	A: COMPUTATION (
	TH SUBSCRIBER GR		III		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
							Base Rat
		<u>.</u>					and
	·····	·····					Syndica Exclusi
							Surcha
							for
							Partial
							Distar
						<u></u>	Statio
	·····	·····		·····			
	-						
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FIFTEEN	TH SUBSCRIBER GR	OUP		SIXTEENTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·	····	
Total DSEs		0.00	Total DSEs			0.00	
	\$	0.00		urth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$		Total DSEs Gross Receipts For	urth Group	\$		

Standard Tobac						S	YSTEM ID# 6265	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
					<mark></mark>			Syndicated
								Exclusivity Surcharge
	•••••	H			•••••			for
								Partially
								Distant
		 						Stations
			···					
		-	···					
		=						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
1	NINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		H			•••••		•	
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	•				•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID#									
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	UP	9		
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	A		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fe		
		 						and		
			····					Syndicated Exclusivity		
			····		•••••		••••	Surcharge		
								for		
								Partially		
								Distant		
		_						Stations		
			···							
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
TWE	NTY-THIRD	SUBSCRIBER GRO	DUP	TWEN	ITY-FOURTH	I SUBSCRIBER GRO	UP			
COMMUNITY/ AREA	·		0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		_								
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			···							
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		-								
		H								
			<u></u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
	- r					<u>-</u>				
Base Rate Fee Third	l Group	\$	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.	\$				

,5	6265					ny, Inc.	NER OF CABI CO COMPA	Standard Tobacco
	-			TE FEES FOR EACH				
9		SUBSCRIBER GROU	iii	0 0	SUBSCRIBER GRO			
Comput	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			<u></u>					
and			<u></u>			-		
Syndica Exclusiv	····		<u> </u>					
Surchai								
for				•		-		
Partial								
Distan			<u> </u>					
Station			<u></u>			-		
								
	····		. 		···		•••••	
_	0.00			Total DSEs	0.00			otal DSEs
_	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	ry-Fighth	TWFN)UP	SUBSCRIBER GRO	-SEVENTH	TWFNTY-
<u></u>			1	0	TWENTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA			
	0			COMMUNITY/ AREA			• • • • • • • • • • • • • • • • • • • •	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
<u></u>		CALL SIGN	DSE			CALL SIGN		CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE			Total DSEs	DSE		DSE	Total DSEs
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third (

LEGAL NAME OF OWN Standard Tobaco						S	YSTEM ID# 6265	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
			····					Surcharge for
			····			-		Partially
		-	••••					Distant
		-						Stations
		_						
			<mark></mark>		·····			
			<mark>.</mark>					
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	OUP	THIF	RTY-SECONE	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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			<mark>.</mark>		·····			
			<mark>.</mark>		·····			
				1				
					•••••			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo				as shown in the boxe		\$		

					EGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID#									
				TE FEES FOR EAC		RIBER GROUP								
THI COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	JP 0	9								
	•••••							Computation						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of						
		<u> </u>						Base Rate Fe						
								Syndicated						
								Exclusivity						
								Surcharge for						
								Partially						
		_						Distant						
		_						Stations						
			···				<u> </u>							
		_												
			····											
Total DSEs		-	0.00	Total DSEs			0.00							
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00							
	Т													
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00							
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU								
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
		<u> </u>												
		_												
		_												
Total DSEs			0.00	Total DSEs			0.00							
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00							
					-									
Base Rate Fee Third	l Group	\$	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.	\$								

LEGAL NAME OF OWI Standard Tobace						S	YSTEM ID# 6265	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		_						and
		_						Syndicated
					·····			Exclusivity Surcharge
		_						for
								Partially
		_						Distant
		_						Stations
			····					
		-			•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	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	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	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.	\$		

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
FORT	Y-FIRST	SUBSCRIBER GRO	UP	FOR ⁻	TY-SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٠		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	CALL GIGIT	DOL	O'ALL GIGIT	BOL	ONEE OIOIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u></u>			Surcharge
								for
							<u></u>	Partially
								Distant Stations
		-	·					Stations
		-	<u> </u>					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY	/-THIRD	SUBSCRIBER GRO	UP	FOR:	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<u></u>			
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						Sì	STEM ID# 6265	Name
				TE FEES FOR EACH				
FOR1	ry-FIFTH	SUBSCRIBER GROU		FOR	RTY-SIXTH	SUBSCRIBER GROU	Р	٥
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
							<u></u>	Exclusivity
••••••		-						Surcharge
					······································			for Partially
					·			Distant
		-			·		<u> </u>	Stations
••••••								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
							1	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU	JP	FOR1	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u>.</u>		<u> </u>	
					<u>-</u>		<u> </u>	
T / 1505			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						SY	STEM ID# 6265	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122				0.122.01011		Base Rate Fee
		-						and
••••••		-						Syndicated
					<u> </u>			Exclusivity Surcharge
					<u>.</u>			for
								Partially
								Distant
					<u> </u>			Stations
		-			<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GROU		11	/-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		- -						
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		-						
		-			<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						Sì	STEM ID# 6265	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		Ti .	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
3.12.5.5.1		0.122						Base Rate Fee
								and
•••••		-						Syndicated
							<u></u>	Exclusivity
••••••					<u>-</u>		<u> </u>	Surcharge for
••••••		-			·		<u> </u>	Partially
								Distant
		-						Stations
						H		
••••••								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	ΓY-FIFTH	SUBSCRIBER GROU		11	FTY-SIXTH	SUBSCRIBER GROU	P 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					-		<u> </u>	
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		-						
					<u>-</u>	H	<u> </u>	
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		-						
					<u>.</u>			
								
Total DSEs	<u> </u>		0.00	Total DSEs	-1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 6265	S						LEGAL NAME OF OWNE Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and							<u></u>	
Syndicate		_					<u> </u>	
Exclusivit Surcharge					-			
for		_		•••••			<u>-</u>	••••••
Partially								
Distant		_					<u></u>	
Stations							<u></u>	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	TY-NINTH	FIF.
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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					<u>.</u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OW Standard Tobac						S	YSTEM ID# 6265	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		 		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-	·····			Base Rate Fe
	·····		···		·····			and Syndicated
			···					Exclusivity
								Surcharge
								for
								Partially
		 						Distant
			····	-				Stations
	•••••	-			•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	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	
S	XTY-THIRD	SUBSCRIBER GRO	DUP	SIX	(TY-FOURT	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····	_						
				-				
		=						
			···					
			···		•••••	•		
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	- r					·		
Base Rate Fee Third	l Group	\$	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.	\$		

				3	YSTEM ID# 6265	Name
BLOCK A: COMPUTATION OF BA	ASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SIXTY-FIFTH SUBSCRIBER GROUP			XTY-SIXTH	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 Fe
			<u> </u>			and
						Syndicated
						Exclusivity
				-	····	Surcharge for
	••••••			-		Partially
						Distant
	••••••					Stations
Total DSEs	0.00	Total DSEs			0.00	
Gross Receipts First Group \$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Sase Rate Fee First Group \$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP		SIXT	ΓΥ-EIGHTH	SUBSCRIBER GROU	IP	
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	
	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Gross Receipts Third Group \$						
Gross Receipts Third Group \$						

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. 6265								Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-	<u></u>			Base Rate Fee
		-						Syndicated
				-				Exclusivity Surcharge
		-						for
					<u></u>			Partially
	·····				····			Distant Stations
		-						
	·····			.	<u></u>			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	SEVENT COMMUNITY/ AREA		SUBSCRIBER GRO	UP 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	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	s above.	\$		

	CABLE SYST npany, Inc					S	YSTEM ID# 6265	Nam
BLOCK	A: COMPL	JTATION OF B	ASE RA	TE FEES FOR EAC				
	IRD SUBSC	RIBER GROUP		111		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
						-		and
					····	+		Syndica Exclusiv
					····	 		Surchai
								for
						-		Partial
					<mark></mark>			Distar
						+		Station
					····	<u> </u>		
	-							
						<u> </u>		
Γotal 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	ond Group	\$	0.00	
SEVENTY-FI	FTH SUBSC	RIBER GROUP		SEVI	ENTY-SIXTH	I SUBSCRIBER GROU	JP	
			0	COMMUNITY/ AREA	0			
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	E CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	E CAL	L SIGN	DSE	Total DSEs	DSE	CALL SIGN		
Fotal DSEs	E CAL	L SIGN	0.00	Total DSEs		CALL SIGN	DSE	
		L SIGN					DSE	

LEGAL NAME OF OWN Standard Tobacc						S	YSTEM ID# 6265	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>						<u></u>	and
	<u></u>			·				Syndicated Exclusivity
			····			+		Surcharge
								for
								Partially
								Distant
								Stations
							••••	
		-						
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	
SEVEN	ITY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							••••	
		_						
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		_	···	1				
		-						
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	¢	0.00	Gross Receipts Fou	orth Group	¢	0.00	
Cioss Necelpis IIIII	Стоир	\$	0.00	10000 Neceipio Fou	ii ii Gioup	\$	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			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
BLO	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
EIGHT	Y-FIRST	SUBSCRIBER GRO	UP	EIGHT	TY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA .			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u></u>	Base Rate Fee
			<u>-</u>				<u></u>	Syndicated
		-	·		····	-		Exclusivity
								Surcharge
		-			<u></u>			for
		 -						Partially
			<u>.</u>					Distant Stations
			·		····			Stations
		-	·		••••			
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			<u>.</u>		<u></u>			
T-4-1 DOE-			0.00	T-4-1 DOE-		Ц	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	EIGH [*]	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			-					
		-	·		····	-		
		-			<u></u>			
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			<u>-</u>					
					<u></u>		<u> </u>	
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Total DSEs	'		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
EIGH1	ΓY-FIFTH	SUBSCRIBER GRO	UP	EIC	GHTY-SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILL OIGIV	DOL	O/ LE GIGIT	DOL	O/ALL OIGIV	DOL	O'ALL GIGIT	DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
					<u></u>			Partially
	ļ				<u></u>	<u> </u>		Distant
		-						Stations
					<u></u>		<u></u>	
		-			<u></u>		<u></u>	
	 					+		
	 				 		 	
								
Total DSEs	ļļ		0.00	Total DSEs		Ц	0.00	
		•	0.00		and Craun	•	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GRO	UP	EIGH	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
		-			<u></u>			
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			<u> </u>					
	 				 	-	<u></u>	
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	·····				···		<u> </u>	
		-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	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.	\$		

LEGAL NAME OF OWI Standard Tobace						S	YSTEM ID# 6265	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		 						Syndicated
								Exclusivity Surcharge
		H						for
								Partially
								Distant
		 						Stations
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				1				
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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	
NIN	IETY-FIRST	SUBSCRIBER GRO	DUP	NINE	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
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	••••	H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r							
Base Rate Fee Third	l Group	\$	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.	\$		

LEGAL NAME OF OW Standard Tobac						S	YSTEM ID# 6265	Name
NIN		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····							Base Rate Fee
								Syndicated
								Exclusivity
••••••								Surcharge for
								Partially
	·····							Distant Stations
								Otations
	·····				<u></u>			
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 Firs	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		ii —		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Thir	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 Standard Tobacco						SY	STEM ID# 6265	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	EVENTH	SUBSCRIBER GROU		11	Y-EIGHTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O'TEE O'O'T	DOL	OALL GIGIT	DOL	O/ALL OIGIV	DOL	O'NEE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
		_				_		Surcharge
								for
					<u>.</u>			Partially Distant
					<u>.</u>			Stations
					•			Gtations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
		· ·				<u>·</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU	JP	ONE HU	NDREDTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>-</mark>		<u> </u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						SY	STEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	D FIRST	SUBSCRIBER GROU		iii	SECOND	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
••••••							<u>.</u>	and
							<u>.</u>	Syndicated
								Exclusivity
						_		Surcharge for
		-			•	_		Partially
		-				_		Distant
								Stations
		-						
••••••							<u>.</u>	
		-				_	<u>.</u>	
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					-			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	D THIRD	SUBSCRIBER GROU			D FOURTH	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 G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Standard Tobacc						S	YSTEM ID# 6265	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RED FIFTH	SUBSCRIBER GRO		1		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 Fe
	<u>.</u>	_	<u></u>				<u></u>	and
	····			·			····	Syndicated Exclusivity
	····	+				+		Surcharge
								for
								Partially
	<u>.</u>	_						Distant
								Stations
	····		···				•	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO)UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>	_	<u></u>				<u></u>	
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		_						
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
p	- r-				:p	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Standard Tobacco						S	YSTEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
•••••	<u>.</u>							and
	.							Syndicated
	-							Exclusivity
							<u></u>	Surcharge
							<u></u>	for Partially
							<u> </u>	Distant
		-	•		••••			Stations
								
								
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
								
	.							
	-				·····		<u></u>	

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER Standard Tobacco						SY	STEM ID# 6265	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU		iii	JRTEENTH	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 for
		-					<u> </u>	Partially
								Distant
		-						Stations
							<u>.</u>	
							-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TEENTH	SUBSCRIBER GROU			IXTEENTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u>.</u>	
							-	
							-	
		-						
		-						
		-						
							-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Standard Tobacc						S	YSTEM ID# 6265	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GRO	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_	<u></u>		<u></u>			and
		_	······································		····			Syndicated Exclusivity
		L		1				Surcharge
								for
								Partially
					<u></u>			Distant
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				·	·····			
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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	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
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	
, , , , , , , , , , , , , , , , , , ,	- 1				: r	<u>-</u>		
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			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Standard Tobacco						S	YSTEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u>.</u>			and
		-						Syndicated
			<u>-</u>				<u></u>	Exclusivity Surcharge
			·		·····		<u></u>	for
						H		Partially
			-					Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup.	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Gioss Neceipis i list Gi	oup	4	0.00	Gross Neceipis Sec	ona Group	Ψ	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/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
						 		
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			0.00	T DOF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	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 th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNED Standard Tobacco						SY	STEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		ff	NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
			·					Exclusivity
					·- <mark></mark>			Surcharge
								for Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 -						
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		-						
		-						
							-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Standard Tobacc						S	YSTEM ID# 6265	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU		ONE HUNDRE	ED THIRTIETH	H SUBSCRIBER GROUP		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
	····			·	·····			Surcharge for
		=						Partially
								Distant
					<u></u>			Stations
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		H						
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	- Froun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Crood Rodolpto Filot C	лоцр	<u> </u>		Cross resolpte eee	ona Group	*		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	RTY-SECONI	SUBSCRIBER GROUP	1	
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 DSFa			0.00	
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	
	he base ra t	te fees for each subs		as shown in the boxe		\$		

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-FOURTH	SUBSCRIBER GROUP		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>	and
			<u>-</u>				<u></u>	Syndicated Exclusivity
			-		•••••		····	Surcharge
					••••			for
								Partially
								Distant
		-						Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED THIR	IY-FIFIH	SUBSCRIBER GROUP	0	11		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA				COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-	<u> </u>				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third Gi	oup	\$	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.	\$		

LEGAL NAME OF OWNE Standard Tobacco						S	YSTEM ID# 6265	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED TH	IRTY-EIGHTH	SUBSCRIBER GROUP		•
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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					••••			Stations
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDREI) FORTIETH	SUBSCRIBER GROU	JP	
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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	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.	\$		

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP	•	ONE HUNDRED FOI	RTY-SECOND	SUBSCRIBER GROUP		0
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
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			-		····			Exclusivity
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								for
								Partially
		-						Distant
					<mark></mark>			Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		i i		SUBSCRIBER GROUP	0	
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 G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	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.	\$		

LEGAL NAME OF OWNER Standard Tobacco						S	STEM ID# 6265	Name
BLO	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	ΓY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA .			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u></u>	-		and
								Syndicated
								Exclusivity
								Surcharge for
		-						Partially
					••••			Distant
								Stations
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T DOF			0.00	T		Ц	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY-S	EVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA .			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	'		0.00	Total DSEs	•		0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE						SY	STEM ID# 6265	Name
				TE FEES FOR EAC			D	
ONE HUNDRED FORT	I T-INIIN I H	SUBSCRIBER GROU)P 0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9 Samurtation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		- -					<u>.</u>	and
					<u></u>		-	Syndicated Exclusivity
								Surcharge
		-						for
							<u>-</u>	Partially Distant
					<u></u>		<u>-</u>	Stations
	<u>.</u>	-					<u>-</u>	
					···		<u>-</u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	Р	
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 G	Group	s	0.00	Gross Receipts Four	th Group	\$	0.00	
2.000 Noospio Tima C	 p	· *		S. SSS Proceipte Four	0.0up	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroup	as shown in the boxes	above.			
Enter here and in block			- '			\$		

LEGAL NAME OF OWN						S	YSTEM ID# 6265	Name
				TE FEES FOR EAG				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
	••••••••	H	···			•	•	for
								Partially
								Distant
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		H	···	1				
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 Sec	ond Group	\$	0.00	
ONE HUNDRED FIR	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
	···	<u> </u>	···	1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
	ne base ra	te fees for each subs		as shown in the boxe		\$	0.00	

LEGAL NAME OF OWN Standard Tobacc						S	YSTEM ID# 6265	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTY-EIGHTH	H SUBSCRIBER GROUF)	9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fe
	····					·	<u></u>	Syndicated
	····	-			•••••			Exclusivity
								Surcharge
		-						for
	<u>.</u>							Partially
			···		·····			Distant Stations
								Stations
		_						
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDI	RED SIXTIETH	H SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal 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 Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Standard Tobacco			•			S	STEM ID# 6265	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU)P 0	COMMUNITY/ AREA	SECOND	SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	OALL CICIY	DOL	CALL GIOIN	DOL	O'TEE O'O'T	DOL	Base Rate Fe
								and
						-		Syndicated
					<u> </u>	<u> </u>		Exclusivity Surcharge
						-		for
								Partially
								Distant
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					. 	+	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	IP	
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 G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber group	as shown in the boxes	above			
Enter here and in block			g.oup	and one of the second		\$	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID# 6265							
				TE FEES FOR EACH				В
9	JP	SUBSCRIBER GROU	SIXTH			SUBSCRIBER GROU	FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity Surcharge					-			
for								
Partially		-		•		-		
Distant								
Stations						-		
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	0.00	II.	<u> </u>	Total DSEs	0.00			Fotal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
							OE\	
		SUBSCRIBER GROU	EIGHTH	COMMUNITY/ADEA		SUBSCRIBER GRO	SEVENTH	
	JP 0		EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	SEVENTH	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
	0				0			COMMUNITY/ AREA
	0				0			COMMUNITY/ AREA
	0				0			COMMUNITY/ AREA
	0				0			COMMUNITY/ AREA
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	0				0			COMMUNITY/ AREA
	0				0			COMMUNITY/ AREA
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

LEGAL NAME OF OWNER Standard Tobacco			_			S	YSTEM ID# 6265	Name		
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
	NINTH	SUBSCRIBER GRO	UP		TENTH	I SUBSCRIBER GROU	IP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
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								Partially Distant		
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Total DSEs	-		0.00	Total DSEs	!	··	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
EL	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	I SUBSCRIBER GROU	IP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs	<u>ı</u> I		0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. 6265								
BL	OCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
THIR	RTEENTH	SUBSCRIBER GRO	UP	F	DURTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
							<u> </u>	Exclusivity
			···					Surcharge for
		-	···		·····			Partially
					·····	•		Distant
								Stations
		-						
	 	-						
Total DSEs	•		0.00	Total DSEs	!		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	
FIF	TEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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	 						<u> </u>	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. SYSTEM ID# 6265								Name
				TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO		
	NTEENTH	SUBSCRIBER GRO				9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fe
								and
			<mark></mark>		<u></u>			Syndicated
			<u> </u>				<u></u>	Exclusivity
			<u> </u>		····	+		Surcharge for
	••••		<u>-</u>			+		Partially
								Distant
								Stations
	<mark></mark>							
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			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$						0.00		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
N	NTEENTH	SUBSCRIBER GRO	UP	-	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<mark></mark>		<u></u>			
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						+		
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	···		<u> </u>					
	<mark></mark>							
	<u></u>				<u></u>			
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			criber group	as shown in the boxes	s above.			

Standard Tobacco		LE SYSTEM: ny, Inc.				S	YSTEM ID# 6265	Name
				TE FEES FOR EACH				
	Y-FIRST	SUBSCRIBER GRO			'-SECOND	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
						_		Exclusivity
		-						Surcharge
		-						for
						+		Partially Distant
						-		Stations
		-	•			+		Otations
			-			+		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWENT	/-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					DOE	CALL SIGN	DSE	
		_			DOE	CALL SIGN	DSE	
					DSE	CALL SIGN	DSE	
					DSE	CALL SIGN	DSE	
					DSE	CALL SIGN	DSE	
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					DSE	CALL SIGN	DSE	
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					DSE	CALL SIGN	DSE	
					DSE	CALL SIGN	DSE	
					DSE	CALL SIGN	DSE	
					USE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	DSE	CALL SIGN		
			0.00	Total DSEs		CALL SIGN	0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth		\$		
Total DSEs Gross Receipts Third Gi	·	\$			Group		0.00	

Name	YSTEM ID# 6265	S`					o Compa	Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	NTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		_				-		
Syndicated								
Exclusivity Surcharge		H					····	
for		 					····	
Partially		-		•		-		
Distant								
Stations						-		
								
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	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP	SUBSCRIBER GRO	-SEVENTH	TWENTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		Ц						
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third (

Name	YSTEM ID# 6265	s						Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0		••••••	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe					<u> </u>			
and					<u>.</u>			
Syndicated Exclusivity					<u>-</u>			
Surcharge	<u> </u>	+	-		<u></u>			
for								
Partially						-		
Distant						-		
Stations		-			<u>.</u>	-		
	<u> </u>			•••••	<u>.</u>			
					 			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First G
	UP	SUBSCRIBER GROU	-SECOND	THIRTY	UP	SUBSCRIBER GROU	IRTY-FIRST	THIR
	UP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU		
	_	SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE			CALL SIGN	DSE			CALL SIGN
	0 DSE		DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

	YSTEM ID# 6265	<u> </u>						Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	ry-third	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		 -		•				
Syndicated								
Exclusivity Surcharge					·- <mark>-</mark>		·- <mark>-</mark>	
for		-		•••••	·		•	
Partially		-			•		•	
Distant	•					_		
Stations								
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	0.00	_		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		0.1000000000000000000000000000000000000					T. / E.E.T. I	
	JP	SUBSCRIBER GROU	RTY-SIXTH	THI	UP	SUBSCRIBER GROU	TY-FIFTH	THIR
	_				•			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	_	CALL SIGN	DSE		DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
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	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE			CALL SIGN Total DSEs
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN

	co Compa	LE SYSTEM: ny, Inc.					6265	Name
				TE FEES FOR EAC				
THIRTY COMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA			0	COMMONT Y AREA				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
						-		Syndicate Exclusivi
						 		Surcharg
								for
								Partially
								Distant
						+		Stations
	····					+		
						-		
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
				,				
Dana Bata Ess First	0							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	•	SUBSCRIBER GRO	•	Base Rate Fee Seco		SUBSCRIBER GRO		
	RTY-NINTH		•	Base Rate Fee Second COMMUNITY/ AREA	FORTIETH			
THII	RTY-NINTH		DUP		FORTIETH			
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
THII	RTY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE DSE	SUBSCRIBER GRO	DUP 0	CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE DSE	SUBSCRIBER GRO	DUP O O O O O O O O O O O O O O O O O O O	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE 0.00	
CALL SIGN CALL SIGN Fotal DSEs	DSE Group	SUBSCRIBER GRO	DUP O O O O O O O O O O O O O O O O O O O	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GRO	DSE 0.00	

Name	YSTEM ID# 6265	S'						LEGAL NAME OF OWNE Standard Tobacco
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							-	
and				•••••				
Syndicated							·	
Exclusivity							-	
Surcharge for								
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	′-FOURTH	FORT	JP	SUBSCRIBER GROU	ΓY-THIRD	FORT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			<u> </u>	Total DSEs	0.00			Total DSEs
	0.00			l Î				
	_	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	YSTEM ID# 6265	S			•			LEGAL NAME OF OWNE Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0		•	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and				•••••				
Syndicated								
Exclusivity							·	
Surcharge for								
Partially								
Distant							<u> </u>	
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	0.00			T	0.00			T
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G
	_	\$	Group			\$	Group	

Name	YSTEM ID# 6265	s				LE SYSTEM: ny, Inc.		Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated								
Exclusivity Surcharge	····	 			-		-	
for	····	-			•		•	
Partially								
Distant						-		
Stations								
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	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	'-SECOND	FIFT	UP	SUBSCRIBER GRO	TY-FIRST	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				•				
							<u></u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

Nonpermitted 3.75 Stations

	6265	SY				LE SYSTEM: ny, Inc.		Standard Tobacco
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	'-FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	FIFT COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DOL	OALE GIGIN	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIN
and								
Syndicate				•••••				
Exclusivit	<u> </u>							
Surcharge for								
Partially				••••••				
Distant								
Stations								
	ļ							
								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
)	SUBSCRIBER GROUP	TY-SIXTH	FII	JP	SUBSCRIBER GROU	Y-FIFTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				•				
	<u> </u>							
						-		
								
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

	YSTEM ID# 6265	S					Compa	Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		 						
Syndicated								
Exclusivity	····	H	-				-	
Surcharge for								
Partially		+						
Distant			·		·		 	
Stations								
						-		
							<u>.</u>	
		<u> </u>					.	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	ΓΥ-ΝΙΝΤΗ	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
				COMMONT IT AIRLA			••••••	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	CALL SIGN		CALL SIGN	0.00 0.00	CALL SIGN		

Name	YSTEM ID# 6265							Standard Tobacc
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	XTY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated						-	····	
Exclusivity Surcharge								
for	····				<u>-</u>		···-	
Partially	····	-					····	
Distant								
Stations						-		
			<u> </u>			-		
					<u> </u>			
					 		<u></u>	
					 		<u></u>	
<u> </u>								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	*	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	*						CTY-THIRD	SIX
	JP			SIXT	UP		CTY-THIRD	SIX
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	′-FOURTH	SIXT COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	(TY-THIRD	SIX COMMUNITY/ AREA
	DSE O.00	SUBSCRIBER GROU	DSE	SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	SIX COMMUNITY/ AREA CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROU	DSE	SIXT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIX COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 6265	S					ier of Cabi	Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO		
Computation	0			COMMUNITY/ AREA	0		••••••	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge	····	H			-			
for		 						
Partially		-		•		-		
Distant								
Stations						-		
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	<u></u>				·		<u></u>	
	0.00	Щ		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	UP	SUBSCRIBER GRO	-SEVENTH	SIXTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN
	DSE		DSE	II CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	Total DSEs	0.00			Total DSEs
		\$				\$	Group	Total DSEs Gross Receipts Third (

Standard Tobacco		LE SYSTEM: ny, Inc.	•	mitted 5.75 Gtati		SY	STEM ID# 6265	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	1-14114111		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							<u> </u>	and Syndicated
								Exclusivity
		-						Surcharge
						_	<u> </u>	for
			<u> </u>	•••••		_	<u>.</u>	Partially Distant
								Stations
		-				_		
			 					
			 	•••••				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVENT	V FIDOT	01100001050 0001						
	Y-FIRST	SUBSCRIBER GROU	UP	SEVENTY	-SECOND	SUBSCRIBER GROUP)	
	Y-FIKS1	SUBSCRIBER GROU	UP 0	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROUF	0	
	DSE	CALL SIGN			DSE	CALL SIGN	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN			DSE	CALL SIGN			DSE	
COMMUNITY/ AREA			0 DSE	COMMUNITY/ AREA			0.00	
CALL SIGN CALL SIGN Total DSEs	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU			/-FOURTH	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
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
						+		Stations
			·			-		
						-		
						H		
						+	···	
Total DSEs	l I		0.00	Total DSEs			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 Second	d Group	\$	0.00	
SEVENT	Y-FIFTH	SUBSCRIBER GROU	JP	SEVEN	ITY-SIXTH	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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						-	<u></u>	
			 					
						+		
Total DSEs	<u> </u>	ı	0.00	Total DSEs	1	11	0.00	
	rour.	•			Crown	•		
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

9 Computation	YSTEM ID# 6265	S						Standard Tobacco
				TE FEES FOR EACH				
۵		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							<u></u>	
and								
Syndicated						-		
Exclusivity Surcharge		H						
for		-					.	
Partially		†					·	
Distant	•••••	-		•	•			
Stations								
							<u> </u>	
		<u> </u>					 	
							 	
		<u> </u>					 	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	IGHTIETH	l	UP	SUBSCRIBER GRO	ΓΥ-NINTH	SEVEN ⁻
					•			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		I CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

LEGAL NAME OF OWNER Standard Tobacco			•			Sì	STEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
EIGHT	Y-FIRST	SUBSCRIBER GRO	UP	EIGHT	Y-SECONE	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	 	-	<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	 		<u> </u>					
			<u> </u>					
								
Total DSEs			0.00	Total DSEs			0.00	
					_		-	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name 9 Computation	YSTEM ID# 6265					LE SYSTEM: ny, Inc.		Standard Tobacco
				TE FEES FOR EACH				
۵	JP	SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	HTY-FIFTH	
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated		-				-		
Exclusivity Surcharge					-			
for	····	-			<u>.</u>			
Partially	····	+			·		···	
Distant	••••••••••••	-		•	•		•••••••••••••••••••••••••••••••••••••••	
Stations								
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	0.00	Ц		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	•	2roup	Gross Receipts First G
	0.00	•	u Group	Gross Receipts Secon	0.00	\$	эгоир	31088 Receipts Filst G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-
	0			COMMUNITY/ AREA	0		•	COMMUNITY/ AREA
		11	1		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	_			
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN		-		
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN				
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	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	Total DSEs	0.00			Total DSEs
		\$				\$	Group	Total DSEs Gross Receipts Third C

Name	YSTEM ID# 6265	S'			•			LEGAL NAME OF OWNE Standard Tobacco
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	ΓY-NINTH	
Computation	0			COMMUNITY/ AREA	0		•••••	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and							·	
Syndicated Exclusivity							·	
Surcharge							-	
for						_		,
Partially								
Distant				••••••				
Stations							·	
							·	
							 	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-SECOND	NINETY	JP	SUBSCRIBER GRO	TY-FIRST	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	<u> </u>						<mark>-</mark>	
							 	
							 	
							<u> </u>	
							 	
	<u></u>							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G
	•	\$	Group			\$ [Group	

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		H	/-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIOIN	DOL	CALL GIGIN	DOL	OALL GIGIT	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		-						for
						-		Partially
							<u></u>	Distant
		-				-	<u></u>	Stations
						H		
		-				-		
	·····					+	<u> </u>	
				•				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINET	Y-FIFTH	SUBSCRIBER GROU	JP	NINE	TY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						 	<u></u>	
						-	<u></u>	
		-						
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
	·	\$	_		·	\$		

9 Computation	YSTEM ID# 6265	S'						LEGAL NAME OF OWNE Standard Tobacco
<u> </u>				TE FEES FOR EACH				
Q		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$		Total DSEs	0.00			Total DSEs

Name 9 Computation	YSTEM ID# 6265							Standard Tobacco
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<u> </u>	YSTEM ID# 6265	S			•			LEGAL NAME OF OWNE Standard Tobacco
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	JP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
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Name	YSTEM ID# 6265							LEGAL NAME OF OWNE Standard Tobacco
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	JP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROL	TEENTH	ONE HUNDRED FII
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	JP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROL	TEENTH	COMMUNITY/ AREA
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	DSE O.00	SUBSCRIBER GROU	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	ONE HUNDRED FII COMMUNITY/ AREA CALL SIGN Total DSEs
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Name	6265					ny, Inc.		LEGAL NAME OF OWNE Standard Tobacco
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	0.00 JP 0	\$	d Group VENTIETH	Base Rate Fee Secon	JP 0		NTEENTH	ONE HUNDRED NIN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
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LEGAL NAME OF OWNER Standard Tobacco			•			S	YSTEM ID# 6265	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs	•		0.00	
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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			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Standard Tobacco			•			SY	STEM ID# 6265	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	I SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
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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			riber group	as shown in the boxes	above.	\$		

	6265	S'						LEGAL NAME OF OWNE Standard Tobacco
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				
9)	SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE	SUBSCRIBER GROUP	Y-SECOND DSE	ONE HUNDRED THIR COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED THIS

	YSTEM ID# 6265	<u> </u>						LEGAL NAME OF OWNE Standard Tobacco
		IBER GROUP	SUBSCR	TE FEES FOR EAC				
9)	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIS		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED THIF
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	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
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	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
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	UP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED TH	JP 0	SUBSCRIBER GROL	TY-FIFTH	ONE HUNDRED THIR
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	DSE	ONE HUNDRED THIR COMMUNITY/ AREA CALL SIGN

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-SEVENTH SUBSCRIBER GROUP AREA O COMMUNITY/ AREA O 9
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AND COMMONTO AND C
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DSE CALL SIGN DSE CALL SIGN DSE OF
Base Rate
and
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Station Station
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
D THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP
AREA 0 COMMUNITY/ AREA 0
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\$ Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

LEGAL NAME OF OWNER Standard Tobacco						S	YSTEM ID# 6265	Name
				TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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								Base Rate Fe
								and
								Syndicated
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Total DSEs	!		0.00	Total DSEs	-		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	I SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0,122 0.0.1	502	07.22 0.0.1	202	0.122 0.011	202	07.22 0.011	202	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Page Pate For Third C	roup		0.00	Page Pate Fee Fee	h Croun		0.00	
Base Rate Fee Third G	loup	\$	0.00	Base Rate Fee Fourti	ii Gioup	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	6265					ny, Inc.		Standard Tobacco
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				
_	·	SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
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-	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
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	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FOF COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FORTY

	6265	S'						LEGAL NAME OF OWNE Standard Tobacco
				TE FEES FOR EACH				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Syndicated								
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
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	JP	SUBSCRIBER GROU		ONE HUNDRED FIFT	JP	SUBSCRIBER GROL		ONE HUNDRED FIF
	JP 0		'-SECOND	ONE HUNDRED FIFT	JP 0		TY-FIRST	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
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	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
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	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
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	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
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	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF
	JP 0 DSE	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	TY-FIRST	ONE HUNDRED FIF COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROL	DSE	ONE HUNDRED FIF COMMUNITY/ AREA CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	DSE	COMMUNITY/ AREA

Nonpermitted 3.75 Stations

GROUP		SUBSCR					
GKUUP					COMPUTATION OF		
0	SUBSCRIBER GROU	/-FOURTH	ONE HUNDRED FIFTY COMMUNITY/ AREA)P 0	SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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GROUP	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FIR	JP	SUBSCRIBER GROU	Y-FIFTH	ONE HUNDRED FIFT
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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6265 Name					R OF CABL Compa	Standard Tobacco
BASE RATE FEES FOR EACH SUBSCRIBER GROUP	SUBSCRI	TE FEES FOR EACH				
ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP	Y-EIGHTH	ONE HUNDRED FIF		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FIFTY
0 COMMUNITY/ AREA 0 Computation					•••••	COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE of			DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F					<u> </u>	
and				_	<u>.</u>	
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for					 	
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		•				
0.00 Total DSEs		Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
UP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	ΓY-NINTH	ONE HUNDRED FIFT
						COMMUNITY/ AREA
O COMMUNITY/ AREA O		COMMUNITY/ AREA	0			COMMUNITY AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE			CALL SIGN	DSE	CALL SIGN
	DSE			CALL SIGN	DSE	
	DSE			CALL SIGN	DSE	
	DSE			CALL SIGN	DSE	
	DSE			CALL SIGN	DSE	
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	DSE			CALL SIGN	DSE	
	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
DSE CALL SIGN DSE CALL SIGN DSE A CALL		CALL SIGN Total DSEs	DSE	CALL SIGN		

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Standard Tobacco Company, Inc. 6265 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 First Group 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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