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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/28/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2017/1			
B	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. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.	ess of the cable system or on the last day of the counting perioa	em the accounting period should s y the Licensing Division.	
				006702 2017/1
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic	•		
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, ii din	erent from the address give	п п ѕрасе в.
System	1 DENTIFICATION OF CABLE 3131EM.			
	MAILING ADDRESS OF CABLE SYSTEM: 8400 WEST WESTPARK STREET (Number, street, rural route, apartment, or suite number) BOISE, ID 83704 (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 Served	with all communities. CITY OR TOWN	STATE		
First	BOISE	ID		
Community	Below is a sample for reporting communities if you report multiple cha		nace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3

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

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 006702 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served 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# **BOISE** ID **First ADA COUNTY** ID Α Community **CALDWELL** ID Α **CANYON COUNTY (E)** ID Α **CANYON COUNTY (W)** ID Α 1 ID **EAGLE** Α See instructions for **EMMETT** ID A additional information on alphabetization. FRUITLAND ID Α 1 **GARDEN CITY** ID **GEM COUNTY** ID Α **GREENLEAF** ID Α Add rows as necessary. **HOMEDALE** ID A ID HORSESHOE BEND Α **KUNA** ID **MALHEUR COUNTY** OR а **MARSING** ID Α **MERIDIAN** ID **MIDDLETON** ID Α ID **NAMPA** Α **NEW PLYMOUTH** ID A **NOTUS** ID Α **NYSSA** OR **ONTARIO** OR а **OWYEE COUNTY** ID Α **PARMA** ID Α 1 **PAYETTE** ID Α **PAYETTE COUNTY** ID Α **PURPLE SAGE** ID Α 1 ID **STAR** VALE OR В **WEISER** ID Α WILDER ID A **NEW MEADOWS** ID Α **McCALL** ID Α DONNELLY ID Α ID CASCADE

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
CABLE ONE, 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	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		VAIL	H	CATEGORY OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	27,263	\$	40.00					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial		ļ						
Converter								
Residential								
Non-residential								
1	[1 15		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	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	R	ATE
Continuing Services:		Installation: Non-residential						
Pay cable	15.00-17.00	Motel, hotel	\$	40.00		EXTENDED BASIC	\$	40.00
 Pay cable—add'l channel 	11.00-9.00	Commercial	\$	75.00				
Fire protection		Pay cable	\$	40.00				
Burglar protection		 Pay cable-add'l channel 						
Installation: Residential		Fire protection						
First set	35.00-90.00	Burglar protection						
 Additional set(s) 	30.00-60.00	Other services:						
• FM radio (if separate rate)		Reconnect	30.0	00-90.00				
Converter		Disconnect						
		Outlet relocation	\$	30.00				
		Move to new address	\$	30.00				•••••
								•••••

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KAID-1 21 Ε Yes 0 BOISE, ID KAID-2 21 Ε Yes 0 BOISE, ID See instructions for additional information KAID-3 Ε BOISE, ID 21 Yes 0 on alphabetization. KAID-4 21 Ε Yes 0 BOISE, ID **KBOI** 28 Ν No BOISE, ID **KCBB** 51 ı No BOISE, ID KIVI-1 No 24 Ν **NAMPA** KIVI-2 24 1 No NAMPA **KKJB** 39 No BOISE, ID ı KNIN 10 ı No **CALDWELL** KTRV-1 13 ı No **NAMPA** KTRV-2 13 No **NAMPA** ı KTRV-3 13 ı No **NAMPA** KTVB-1 7 Ν No BOISE, ID KTVB-2 7 ı No BOISE, ID 7 KTVB-3 ı No BOISE, ID **KYUU-LD** 35 No BOISE, ID

FORM SA3E. PAGE 3.					7,655	VG 1 EMIOD: 2017/1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				006702	
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-Simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify even by stem during to cons in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard programmer accounting on June 24, 194, or 76.63 (Id din the next programmer account of the standard	g period, except 81, permitting the referring to 76.6 paragraph. distant stations portizations: to the time space I (the ation was carried tute basis station report origination coording to its over the reported in or pass assigned to pannel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This interest of the television stations.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	cast), "E" (for no see terms, see pation is outside ce area, see pation entered "You no distant station on a part-tirion of a distant entered into on a primary transsimulcasts, also aree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the a multicast stream or before Ju mitter or an area o enter "E". If a see page (v) ch station. Fo ns, if any, giv	I educational), of e general instruc- vice area, (i.e. "congeneral instruct 4, you must confide accounting period ause of lack of a seam that is not some 30, 2009, be ssociation repressored the confidence of the general in the confidence of the general in U.S. stations, ethe name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so od. Indicate by ent ictivated channel of subject to a royalty etween a cable sys- senting the primar channel on any of instructions locate list the community me community with	es". If not, enter "No". For an expaper SA3 form. It stating the basis on which your dering "LAC" if your cable system capacity. It payment because it is the subject stem or an association representing by transmitter, enter the designation the paper SA3 form. It o which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN					006702		
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), 0 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station),							
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Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	1		EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CIGIN	NUMBER	STATION	(10001110)	(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				006702	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consistence of	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. In the stateming substitute sign. Do not red in a station accept the FCC hear, WRC is Chane station.	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried trute basis station report origination coording to its over be reported in or ass assigned to the annel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the television station ington, D.C. This interest of carried to the television station of the television of the television station of the television of television of the television of television	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 ant and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ain. For example, report multi- ain stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial	G Primary Transmitters: Television
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Note: If you are utilizing	ig multiple chai		•		cnannei line-up.	
	<u> </u>	CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, II					006702		
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)); 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 education							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	1	CHANN	EL LINE-UP	AE			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	• • • • • • • • • • • • • • • • • • • •						
					<u> </u>		
	-				<u> </u>		
	 				<u> </u>		

FORM SA3E. PAGE 3.						NG PERIOD: 2017/
CABLE ONE, IN		/STEM:			SYSTEM ID# 006702	Name
PRIMARY TRANSMITTE		N.			000702	
In General: In space (carried by your cable s FCC rules and regulati	G, identify every system during to ions in effect of 5.61(e)(2) and (y television st he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting the referring to 76.6	(1) stations carrie ne carriage of certa	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:
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 st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and at tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Co	Stations: With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with associated with a channel number of the station of the station is outside to the ce area, see parave entered "You are the control of a distant station of a distant centered into of a primary trans simulcasts, also ree categories a location of ea Canadian station."	respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. The state of the station act at a station act at a station act at a station act at a station. Whether the station. Whether the station. Whether the station. Whether the station apage (v) of the the local servage (v) of the es" in column on during the ame basis becar multicast stream or before Jumitter or an act of enter "E". If If I see page (v) ch station. Forns, if any, given a station, given and station.	r distant stations or distant stations or distant stations: It it in space I (the ation was carried tute basis station report origination or distant of the reported in or distant of the reported in order	de Special Statement of both on a substitute, see page (v) of the program services er-the-air designate column 1 (list each the television statistington, D.C. This interpretation of the television statistington, D.C. This interpretation, an indefer network multicair "E-M" (for noncoctions located in the interpretation of the properties of the properties of the properties of the properties of the primary channel on any of the community with the co	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 transmitter, enter the designation in the paper SA3 form. It is which the station is licensed by the which the station is identifed.	Television
Note: If you are utilizing			EL LINE-UP	·	onamie inie 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	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006702	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis is basis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the station on which your cable so Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service.	G, identify every system during the constructions in effect on the construction of the	y television st he accounting in June 24, 199 4), or 76.63 (in d in the next respect to any attions, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r in a station acc streams must beer the FCC has, WRC is Cha- te, WRC is Cha- te, WRC is Cha- te, the station. whether the state of the station. whether the state of the state of the station. whether the state of the state of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was carried to the period of the station was station to the period of the period of the station was assigned to the station is a network attion is a network attion is a network of the stational, of the general instructivice area, (i.e. "or general instruct 4, you must coil	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your constant of the Special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television statistington, D.C. This work station, an indefer network multic or "E-M" (for noncontrions located in the station, on the station, on the station of the station	es". If not, enter "No". For an ex-	G Primary Transmitters: Television
of a written agreement the cable system and tion "E" (exempt). For explanation of these th	sion of a distant t entered into o a primary trans simulcasts, also nree categories	multicast street n or before Ju mitter or an act o enter "E". If , see page (v)	eam that is not some 30, 2009, be association represource the of the general in the general in the second carried carr	subject to a royalty etween a cable system as cable system senting the primal channel on any other instructions locate	rapacity. It is payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing		nnel line-ups,		space G for each	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	O. EGGATION OF STATION	
	NUMBER	STATION	` ,	(If Distant)		
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FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/1
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				006702	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
. , , , , , , , , , , , , , , , , , , ,		,	•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc FC Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
· ·		sign. Do not r	report origination	n program services	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	ystem carried the in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-	
					stating the basis on which your	
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	activated channel o	ering "LAC" if your cable system capacity. payment because it is the subject	
of a written agreement	entered into o	n or before Ju	ıne 30, 2009, be	etween a cable sys	stem or an association representing	
,			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v)	of the general	instructions locate	d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizing	ng multiple chai	• •	•		cnannei line-up.	
	1	CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOWBER	STATION		(II Distailt)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				006702	- Tumo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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 eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consine and consine as explaine (a.s., as explaine (b.t.) and (c.t.) a	ne accounting a June 24, 1984), or 76.63 (r d in the next prespect to any attions, or authors, or a station according substitution as station according a station according to the FCC hose, WRC is Characteristics.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in of assassigned to the annel 4 in Wash	(1) stations carried to carriage of certariage of certaria	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
		CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
			(
				·····			
					 		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC.				006702			
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for independent), "I-M" (for								
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 utilizin	g multiple char		•		channel line-up.			
			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			

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/1		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				006702			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G		
. , , , , , , , , , , , , , , , , , , ,	. , . ,	,	•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary		
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other fthe general instructions located			
· · ·		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify			
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example			
			•		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate	ystem carried the in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	pendent station, or a noncommercial			
	cast), "E" (for n	oncommercia	l educational), c	r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).			
	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-			
					stating the basis on which your ering "LAC" if your cable system			
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	, ,			
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing			
,			•	• .	y transmitter, enter the designa- her basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v)	of the general	instructions locate	d in the paper SA3 form. to which the station is licensed by the			
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.			
	1	CHANN	EL LINE-UP	AK				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
	NOWBER	STATION		(II Distailt)				
	•							
		<u> </u>						

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/1		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				006702			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G		
. , , , , , , , , , , , , , , , , , , ,	. , . ,	,	•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary		
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other fthe general instructions located			
		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify			
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example			
			-		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate	ystem carried the in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	pendent station, or a noncommercial			
	cast), "E" (for n	oncommercia	l educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).			
	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-			
					stating the basis on which your			
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. payment because it is the subject			
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing			
,			•	• .	y transmitter, enter the designa- her basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.			
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AL				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
	•							
	•							

FORM SA3E. PAGE 3.					Accookiii	VOTENIOD: 2017/1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				006702	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consine effect or a fall (e)(2) and (e) sis, as explaine that it is a explaine. The consistency of the consis	he accounting a June 24, 19, or 76.63 (in the next prespect to any attions, or auth G—but do listitute basis. In the statement of the statemen	g period, except 81, permitting the referring to 76.6 paragraph. distant stations portizations: to the time space I (the ation was carried tute basis station report origination coording to its over the reported in our pass assigned to pannel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This interest of the television stations.	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servicable system carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	entering the le cast), "E" (for no ese terms, see pation is outside ce area, see pa ave entered "Yo ne distant statio ion on a part-tiri ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the communities street or or before Jumitter or an action of the enter "E". If the see page (v) ch station. Forns, if any, giv	etwork), "N-M" (I educational), of general instructivice area, (i.e. "or general instructivity and the search and the search area of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ethe name of the	for network multicor "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel couplet to a royalty stween a cable systematic channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the transmitter, enter the designation of the paper SA3 form. If not, enter "O." For a further do in the paper SA3 form. If to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AM		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CABLE ONE, IN					006702				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational audicational audicational multicast). ""(for independent multicast). ""(for network), "I-M" (for network multicast). ""(for independent), "I-M" (for independent multicast). ""(for independent multicast). ""(for independent mu									
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community					
Note: If you are utilizing				•					
	1	CHANN	EL LINE-UP	AN					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					
	HOMBER	Ontrol		(ii Biotant)					
					ļ				
					ļ				

FORM SA3E. PAGE 3.					NG / EMIOD: 2017/
LEGAL NAME OF OWNER OF CABL	LE SYSTEM:			SYSTEM ID#	Name
CABLE ONE, INC.				006702	
carried by your cable system duri FCC rules and regulations in effe 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as expl. Substitute Basis Stations: W basis under specifc FCC rules, re • Do not list the station here in sp station was carried only on a s • List the station here, and also in basis. For further information of in the paper SA3 form.	every television st ng the accounting ct on June 24, 19 nd (4), or 76.63 (nained in the next jith respect to any gulations, or auth ace G—but do lis substitute basis. space I, if the sta concerning substit call sign. Do not respect to the state of the	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried tute basis station report origination	(1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statemed both on a substitute, see page (v) on program services	ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WETA-2". Simulo WETA-simulcast). Column 2: Give the channel rits community of license. For examon which your cable system carried Column 3: Indicate in each cateducational station, by entering the (for independent multicast), "E" (for the meaning of these terms, sometime of local service area, set Column 4: If the station is outplanation of local service area, set Column 5: If you have entered cable system carried the distant scarried the distant station on a part of the retransmission of a distortion of a written agreement entered in the cable system and a primary treatment of these three categories.	number the FCC In mple, WRC is Charled the station. It was whether the station are letter "N" (for nor noncommercial see page (v) of the diene station during the interest of the station of the station. For the station, if any, given channel line-ups,	be reported in or has assigned to hannel 4 in Wash ration is a network etwork), "N-M" (I educational), or e general instruc- vice area, (i.e. "or general instruct 4, you must con accounting perior ause of lack of a earn that is not so line 30, 2009, be association repre- you carried the lof the general or U.S. stations, e the name of the use a separate	the television stati- tington, D.C. This ington, D.C. This ork station, an inde- for network multicor "E-M" (for nonco- ctions located in the distant"), enter "Ye- tions located in the mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot- tinstructions locate list the community me community with space G for each	on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In our case of the stating the basis on which your ering "LAC" if your cable system capacity. The payment because it is the subject stem or an association representing the paper SA3 form. The stating the beause it is the subject stem or an association representing the paper SA3 form. The stating the paper SA3 form. The stating the paper SA3 form. The station is licensed by the which the station is identifed.	
	CHANN	EL LINE-UP	AU		
1. CALL 2. B'CAST SIGN CHANN NUMBE	IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						NG / EMIOD: 2017/
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, II					006702	
carried by your cable s FCC rules and regulat 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,	G, identify every system during the constant of the constant o	y television strange accounting in June 24, 1944), or 76.63 (if the state of the st	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a s carried by your case special Statement d both on a substit	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 ent and Program Log)—if the ute basis and also on some other f the general instructions located	G Primary Transmitters: Television
column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the column 4: If the st planation of local service 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	ch station's call associated with associated with associated with a case of the case of th	n a station accepted as the station. Whether the station whether the station accepted as the station and the local services in column and during the same basis because the station. The station are page (v) of the same basis because the station or before Jumitter or an accepted as the station. For the station, so the station accepted as the station accepted accepted accepted as the station accept	as assigned to assassigned to annel 4 in Wash ation is a network, "N-M" (all educational), as general instruct 4, you must conaccounting perioduse of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ee the name of the use a separate	er-the-air designaticolumn 1 (list each the television statinington, D.C. This lington, D.C. This look station, an indefor network multicolor "E-M" (for noncontions located in the distant"), enter "Yeions located in the mplete column 5, so d. Indicate by enterivated channel of subject to a royalty etween a cable systemen a cable systemen and the primary channel on any otinistructions locate list the community with space G for each	paper SA3 form. stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC.				006702			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),								
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 utilizin	g multiple chai	•	EL LINE-UP		criamie inie-up.			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.						NG / EMIOD: 2017/
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN					006702	
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 for	G, identify every system during the cons in effect or 6.61(e)(2) and (6.5is, as explaine totations: With record rules, regular here in space only on a substand also in spaformation concrm.	r television strate accounting a June 24, 1964), or 76.63 (r lespect to any tions, or auth G—but do listitute basis. ce I, if the state arning substitute state account of the st	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried cute basis station	(1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statemed both on a substitute, see page (v) or	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 ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
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	1	CHANN	EL LINE-UP	AR		
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.						NG / EMIOD: 2017/
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN					006702	
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 each	G, identify every eystem during the consine effect or 6.61(e)(2) and (6.5is, as explaine constantions: With record record and also in spaformation concrm.	y television strane accounting in June 24, 1944), or 76.63 (from the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state erning substitution on the state of the stat	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination	(1) stations carrie ne carriage of certa (1(e)(2) and (4))]; a s carried by your c ne Special Statement d both on a substitutions, see page (v) on n program services	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 ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi-	G Primary Transmitters: Television
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 st planation of local servi Column 5: If you he cable system carried th carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	e channel numble. For example vstem carried the in each case ventering the least), "E" (for note terms, see plation is outside ce area, see parave entered "Yeare distant static ion on a part-tirion of a distant entered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio	streams must ber the FCC he, WRC is Chae station. whether the state "N" (for no oncommercial page (v) of the the local serving (v) of the es" in column on during the ame basis becamulticast stream or before Jumitter or an amount of the column than the column that is the page (v) of the station. For ons, if any, given el line-ups,	be reported in as assigned to annel 4 in Wash ation is a network, "N-M" (I educational), or general instruct 4, you must con accounting perioduse of lack of a sam that is not some 30, 2009, be sociation repreyou carried the of the general in U.S. stations, e the name of the use a separate	the television statington, D.C. This price station, an indefor network multicor "E-M" (for nemototions located in the distant"), enter "Yesions located in the mplete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable systematic mannel on any of instructions located list the community with space G for each	on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In our case of the stating the basis on which your ering "LAC" if your cable system capacity. The payment because it is the subject stem or an association representing the paper SA3 form. The stating the beause it is the subject stem or an association representing the paper SA3 form. The stating the paper SA3 form. The stating the paper SA3 form. The station is licensed by the which the station is identifed.	
_	I	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		STEM:			SYSTEM ID# 006702	Name			
PRIMARY TRANSMITTE)N			000702				
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 a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream 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),									
		CHANN	EL LINE-UP	AT					
1. CALL SIGN 2. B'CAST CHANNEL DOF CHANNEL NUMBER STATION STAT									

FORM SA3E. PAGE 3.						,-			
LEGAL NAME OF OWNE		STEM:			SYSTEM ID# 006702	Namo			
PRIMARY TRANSMITTER		N			000702				
In General: In space G, identify every television station (including translator stations and low power television stations) carried only 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), or 76.61(e)(2) and (4), or 76.61(e)(2) and (4), or 76.61(e)(2) and (4), or 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 — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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), "T (f									
		CHANN	EL LINE-UP	AU					
1. CALL 22 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.					ACCOUNTI	NG PERIOD: 2017/
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				006702	
PRIMARY TRANSMITTE						
carried by your cable s	system during t	, he accountino	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
. , , , , , , , , , , , , , , , , , , ,		,	•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc FC Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
• •		sign. Do not i	report origination	n program services	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in may be different from the channel	
	in each case v	whether the st			ependent station, or a noncommercial	
	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-	
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	activated channel o	, ,	
					payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the primar	ry transmitter, enter the designa-	
· · · ·			•	•	her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing		, ,, ,		,	which the station is identifed.	
	.ga.a.p.o oa.	• •	EL LINE-UP			
	0 010407		1			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	(Tes or No)	(If Distant)		

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	<u> </u>	<u> </u>				
	<u> </u>	<u> </u>				

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Namo				
CABLE ONE, IN	NC.				006702					
PRIMARY TRANSMITTE	ERS: TELEVISIO	N								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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" (fo										
(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.										
		CHANN	EL LINE-UP	AW						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2017/1	
LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				S	YSTEM ID#	Name	
CABLE ONE, INC.							006702		
SUBSTITUTE CARRIAGE								ı	
In General: In space I, ident substitute basis during the acceptanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or author	izations. F	or a further	Substitute	
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust complete the	e program	ı	Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant statis gulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast static addian static and and day we "5/7." es when the Example: a er "R" if the and regulatio orgramming	am on a separa attach addition nnetwork televion and that your or authorization at use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system e substitute program on sin effect du	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". o." m. station is lice station is idenorogram. Use cable system. 5 p.m. to 6:2 mming that yes enter the let	during the accordance of the constant of the c	counting other stations paper rogram C or, in the mont accurately lid be a required ed pro	h		
					EN SUBSTITU		7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCUR 6. TIME FROM —		FOR DELETION		
	100 01 110	CALL GIGIT	i. Givinoito Egovinoit	THE BITT	_	10			
									
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					_				
					 				
									
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ACCOUNTING PERIOD: 2017/1 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-

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Part-Time Carriage Log

time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

- · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- · 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."

		DAT	ES	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	MHE1	WHEN CARRIAGE OCCURRED			
	DATE FROM		UR	S TO			DATE	FROM	OURS	TO
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LEG	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.			SYSTEM ID# 006702	Name				
all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 7,685,207.00								
COPY Instru • Cor • Cor • If you fee • If you	PORTANT: You must complete a statement in space P concerning gross receipts. PRIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In block 2, showing whether your system carried any distant television stations. In block 3 blank. Enter the arriform block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4 on li	mount c	of the m		L Copyright Royalty Fee				
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.								
3 be ▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be delow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.								
	This is your minimum fee.	\$		81,770.60					
Block 2	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to be provided by the column t	nn 4, yo	ou must	olock 4.					
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	-	\$	3,187.60					
	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	\$		3,187.60					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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	r	\$	81,770.60	Cable systems submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	-		0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE. \$ 725.00								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		82,495.60	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of	the	additional lees.				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006702										
	,	000702										
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	st stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.											
Gilainicis	Enter the total number of channels on which the cable system carried television broadcast stations											
	System cannot consist stocked callone											
	2. Enter the total number of activated channels											
	on which the cable system carried television broadcast stations and nonbroadcast services	296										
N Individual to Be Contacted												
for Further	Name EMERSON YEARWOOD Telephone	602-364-6195										
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)											
	PHOENIX, AZ 85012-2626											
	(City, town, state, zip)											
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364	-6013										
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re	gulations.										
0		g										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)											
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	ee B; or										
	[(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab in line 1 of space B and that the owner is not a corporation or partnership; or	le system as identified										
	_											
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as a in line 1 of space B.	owner of the cable system										
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains 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)]	ned herein										
	X /s/ Raymond Storck											
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot											
	Typed or printed name: RAYMOND STORCK	as companionity settings.										
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)											
	Date: August 25, 2017											

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
** 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 Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2017/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2017/1

DSE SCHEDULE. PAG	SE 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
ı	CABLE ONE, INC.					006702					
	SUM OF DSEs OF CATEGOR										
	Add the DSEs of each station										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		1.00						
	Instructions:					-					
2	In the column headed "Call	Sign": list the cal	ll signs of all distant stations	identified by t	the letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	" for each inden	endent station, give the DSF	as "1 0"· for	each network or noncom-						
of DSEs for	mercial educational station, gi			2 40 1.0 , 101	caon network or noncom						
Category "O"			CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KAID-1	0.250									
	KAID-2	0.250									
	KAID-3	0.250									
	KAID-4	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
		·				ł					
						ł					
		·				l 					
						! 					
		-		 		! 					
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Name	CABLE ONE, I	NER OF CABLE SYSTEM:					S	YSTEM ID# 006702
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: F figure should cor Column 3: F Column 4: D be carried out at Column 5: F give the type-val Column 6: M	he call sign of all distator each station, give the respond with the information each station, give the livide the figure in coluleast to the third deciror each independent sue as ".25."	he number of hours mation given in spa he total number of humn 2 by the figure in all point. This is the station, give the "typlumn 4 by the figure illumn 4 by the figure illumn 4 by the figure	your cable system ce J. Calculate or cours that the state in column 3, and go "basis of carriag re-value" as "1.0."	n carried the sta ly one DSE for e on broadcast ov give the result in e value" for the s For each netwo give the result in	tion during the accountine each station. Ver the air during the accordecimals in column 4. The	counting period. this figure must a cational station, less than the	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS C ED BY S M O	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE SE VALU	E	
						x		
						<u>x</u>		
						x x	<u>-</u>	
						x		
						x		
			÷ ÷	=	:	x x	<u>=</u>	
	Add the DSEs of	F CATEGORY LAC Seach station. here and in line 2 of page		e,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect Broadcast one space I). Column 2: For at your option. The Column 3: Enterpretation Column 4: Div	y your system in substion October 19, 1976 (i or more live, nonnetwore each station give the is figure should correster the number of days ride the figure in columns is the station's DSE	itution for a program as shown by the let ork programs during number of live, nor spond with the inform in the calendar years to the calendar years 2 by the figure in (For more informatical).	n that your system ter "P" in column that optional carrimetwork programmation in space I. ar: 365, except in column 3, and given on rounding, se	was permitted to for space 1); and age (as shown by so carried in subsorted a leap year. The the result in company to the page (viii) of the same to the result in company to the page (viii) of the same to the result in company to the page (viii) of the same to the same	the word "Yes" in column titution for programs that plumn 4. Round to no les the general instructions in	2 of twere deleted as than the third	·m).
		SUI	BSTITUTE-BAS	IS STATION	S: COMPUTA	ATION OF DSEs	_	
	1. CALL 2 SIGN	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
		÷		=		4		=
		÷		=		4	-	=
		÷		=		+	: :	=
		÷		=		-	÷	=
	Add the DSEs of	F SUBSTITUTE-BASI each station. here and in line 3 of pa		e,		0.00		
5 Total Number of DSEs	number of DSEs and 1. Number of Document 2. Number of Document 2. Number of Document 2.	OF DSEs: Give the am pplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		s in parts 2, 3, and	4 of this schedule	e and add them to provide	1.00 0.00 0.00	
	_	•			· · · · · · · · · · · · · · · · · · ·	-		
	TOTAL NUMBER	OF DSEs						1.00

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 006702	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
ii your answer ii	140, complete bit			TELEVISION M.	ARKETS				Computation of
=	1981?	outside of all reschedule—E C below.	major and sma	aller markets as de	fined under s	PART 6 AND 7		gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jui dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursua *F A station pre	ules and reguled pursuant to as defined all educations de station (76.6 or DSE sched ant to individuationsly carried JHF station w	lations cited boot the FCC mand in 76.5(kk) (7 all station [76.565) (see paragule). Lall waiver of Fed on a part-tinithin grade-Boot in the fed on a part-tinith	ne or substitute ba contour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), 1) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			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	
KAID-1	С	0.25							
KAID-2	С	0.25							
KAID-3	С	0.25							
KAID-4	С	0.25							
								1.00	
		D	I OCK C: CO	MPUTATION OF	2 75 EEE				
Line 1: Enter the	total number of				3.731 LL				
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				×		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702										
				SION MARKETS			I		6		
1. CA SIGI			1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
									Computation of 3.75 Fee		
•••••											
								•••••			
					•			•••••			
<mark></mark>											
••••											
••••											
·····											
			1					<u> </u>	1		

Name	CABLE ONE, IN		SYSTEM:								S	YSTEM ID# 006702	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. 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.												
		PERMITT	ED DSE F	OR STA	TIONS CARRI	ED	10 (N A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL SIGN	2. PRIO			COUNTING ERIOD			4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
						ļ							
						ļ .							
				••••••		ļ .							•••
						···							
						ļ							
						ļ							
													•••
7 Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks l	d C blank	and complete			B of the DSE sched					
Exclusivity				BLOCK	CA. WAJON	11	LLI	EVISION WARK	<u> </u>				_
Surcharge	Is any portion of the or	cable system v	vithin a top	100 majo	r television ma	rke	t as	defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.				2	X No—Proceed to	part 8				
	BLOCK B: C	arriage of VHI	F/Grade B	Contour	Stations			BLOCK	C: Compu	tation of Exem	pt DSE		_
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	•	•			nity	as any station listed y served by the cab former FCC rule 76	le system p				
	Yes—List each s X No—Enter zero a			oriate pern	nitted DSE			Yes—List each st No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL	SIGN	DSE	1	_	CALL SIGN	DSE	CALL SIG	_N I	DSE	
	O/LE GIGIT	DOL	Office	OTON	502			O/IEE OIOIV	DOL	O/ IEE OIC		502	
							-		-	***************************************			
							-						
							-						
					2.22							0.00	
			TOTAL	DSEs	0.00]				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006702	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,685,207.00	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 an	y 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? Yes—Complete part 9 of this schedule. X 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 DS is 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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here	_	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	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 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	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: CABLE ONE, INC. 0067
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. 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.
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. In answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. In answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below It is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
		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? Yes—Complete part 9 of this schedule. X 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) ▶ \$ 7,685,207.00
	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).
		Base Rate Fee

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

	AME OF OWNER OF CABLE SYSTEM: LE ONE, INC.	SYSTEM ID# 006702	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	in the righter in section 2 is more than 4.000, compute your base rate fee field and leave section 5 blank.		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	_	o o
	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) ▶ \$		
1	(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)	0.00	
	Base Rate Fee	0.00	
	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 channels.	O .	0
Space			9
receipt	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
		a the same	and
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	Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute 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.		Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.)		
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.		
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
-	section:		
• Give t	fy the communities/areas represented by each subscriber group. the 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	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fthis schedule; or,	n parts 2, 3,	
	portion 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 tl	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 is paper SA3 form.	nstructions	
 Comp page. DSEs f 	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the ln 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 need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	006702	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	BOISE	& NAMPA				ADOWS/MCCAL	L/DON/CA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			_	KAID-1	0.25		·····	Base Rate Fee
				KAID-2	0.25			and
		_		KAID-3	0.25			Syndicated
	<u>-</u>		_	KAID-4	0.25		·····	Exclusivity
	 				······			Surcharge for
		-	†				····	Partially
								Distant
	'	-	†					Stations
	·	-						
		_	†					
		-	†					
		H						
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts First G	roup	\$ 7,163	,856.00	Gross Receipts Se	cond Group	\$ 2	99,586.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	3,187.60	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		EUR/NYSSA/ONTA		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<u></u>		_					
								
		_			·····			
	-		1		·····			
		-						
	-		-					
	<u>-</u>	-	+		•••••			
	······	-				_		
		-				_		
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 221	,765.00	Gross Receipts For	ırth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Foo	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$	3,187.60	

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
COMMUNITY/ADE		SUBSCRIBER GRO		COMMUNITY/ AREA		1 SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····							Base Rate Fee
	·····	-	<u></u>		<u>.</u>			and Syndicated
			 				····	Exclusivity
								Surcharge
			<u> </u>					for Partially
			<u>-</u>					Distant
								Stations
	·····		<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
				-				
			. 				<u></u>	
		-						
	·····		<u>-</u>		·····			
			<u></u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	d the base rat	e fees for each subs	criber arour	as shown in the boxe	s above			
Enter here and in blo			. J 3p	, 25 		\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>		<u>.</u>			and
			<u></u>					Syndicated Exclusivity
					•••••			Surcharge
								for
								Partially
	·····		<u></u>		·····			Distant Stations
			<u>-</u>					Stations
			<u></u>					
			. 					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Gross Neceipts Firs	t Gloup	Ψ	0.00	Gross Neceipis Sect	ona Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				<u></u>	
		-	<u> </u>					
			<u> </u>			•		
			<u> </u>					
			<u></u>		<u>.</u>			
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				П				
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxe	s above.	\$		
	55K 5, III 6 1, 3	cpace = (page 1,				•		Ì

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		it .		1 SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u> </u>		····			Syndicated Exclusivity
			-		••••			Surcharge
								for
								Partially
	·····	-						Distant Stations
								Stations
			<u> </u>		<mark></mark>			
					····			
Total DSEs	<u> </u>	.!	0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
						<u>*</u>		
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii e		H SUBSCRIBER GRO	UP 0	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			<u>-</u>		····			
			<u> </u>		····			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxes	s above.	\$		
		(Fago 1)				T		Ì

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
					···			Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
					<u></u>			
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
N	NINTEENTH	SUBSCRIBER GROU	JP	Т	WENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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	
	I Group	•	0.00		h Group	•	0.00	
Gross Receipts Third	ι Οιυαρ	\$	0.00	Gross Receipts Fourt	п Огоир	\$	3.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EACH				
TWEN COMMUNITY/ AREA	NTY-FIRST	SUBSCRIBER GROU	JP 0	TWENT COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	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
	<u></u>				<u></u>			for Partially
	<u></u>				···			Distant
								Stations
	<u></u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	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>							
	<u></u>							
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		II		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
					<u></u>			and
								Syndicated Exclusivity
	·				···	-		Surcharge
								for
		-						Partially
								Distant Stations
								Otations
		-						
								
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 G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	 	-		
		-						
					<u></u>			
								
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					<u></u>			
	-					·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC			ID.	
COMMUNITY/ AREA	II Y-INIIN I H	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0 0	9
CALL CICAL	DOE	CALL CICN	DOE	CALL CICAL	DOE	CALL CION	DOE	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
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIF	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECOND	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		-		·····	-		
		-				-		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	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.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
				TE FEES FOR EACH						
		SUBSCRIBER GROU		III	Y-FOURTH	I SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
		-						and		
					. 			Syndicated Exclusivity		
								Surcharge		
								for		
				-	<u> </u>			Partially Distant		
		-			<u> </u>			Stations		
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Total DSEs			0.00	Total DSEs			0.00	İ		
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	1		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
TH	IRTY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	I SUBSCRIBER GROU	JP	ı		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı		
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Total DSEs			0.00	Total DSEs			0.00	l		
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourtl	n Group	\$	0.00	1		
	•				•			İ		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EAC					
		SUBSCRIBER GROU		TI .		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
					<u></u>			and	
								Syndicated Exclusivity	
							••••	Surcharge	
								for	
								Partially	
								Distant Stations	
								Stations	
					<u>.</u>				
									
Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Gross Receipts First	Gloup	4	0.00	Gloss Neceiple Seco	na Group	-	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
THI	RTY-NINTH	SUBSCRIBER GRO	JP		FORTIETH	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>				
									
					<u></u>				
	····								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and Syndicated
						-	····	Exclusivity
								Surcharge
			<u></u>			-		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		İ		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
F	- 1-					<u>·</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Page Pate Fee: Add	the hase rat	to food for each sub-	oribor graves	as shown in the have	us above			
Base Rate Fee: Add to Enter here and in block			oniber group	as shown in the boxe	.o abuve.	\$		

CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		III		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
								Stations
					···			
Total DSEs	- !!	ļ.	0.00	Total DSEs	-	·!·	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
						·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	·				···			
	·				····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.1200.00								Base Rate Fee
								and
						-		Syndicated
					•••••		····	Exclusivity Surcharge
			···			-		for
								Partially
								Distant
			<u></u>			-		Stations
			<u></u>					
	···		-		•••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		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 Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
Bl	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ry-third	SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicate
							····	Exclusivity
								Surcharge
								for
								Partially Distant
	· · · · · · · · · · · · · · · · · · ·		···	·				Stations
		-						
								
	·				·····			
Total DSEs	-		0.00	Total DSEs		11	0.00	
					and Craun	•	-	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	SUBSCRIBER GRO	JP	
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>					
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			···		•••••			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third G Base Rate Fee Third G Base Rate Fee: Add the Enter here and in block	Group se base rat	\$ se fees for each subs	0.00	Gross Receipts Fou	rth Group		0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
				TE FEES FOR EAC						
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		9		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	4		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
	·····							Syndicated Exclusivity		
			-		····			Surcharge		
								for		
								Partially		
		-			<u></u>			Distant Stations		
								Stations		
Total DSEs		Į.	0.00	Total DSEs		<u>!!</u>	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
Cross recorpts i not	Стоир		0.00	Cross rescipts seed	ona Group		0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP			
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA	A		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	·····				·····					
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	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 ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	KTY-FIRST	SUBSCRIBER GRO		11		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
	<u></u>							Syndicated
			<u> </u>				<u> </u>	Exclusivity Surcharge
		H				•		for
								Partially
								Distant
								Stations
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	···		<u>-</u>		····			1
								1
								1
Total DSEs		-	0.00	Total DSEs			0.00	1
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	ΓY-FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
2.300 Nocoipio miliu	oup	<u> </u>		Cross Resemble Four	Отоир		3.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				TE FEES FOR EACH					
	TY-FIFTH	SUBSCRIBER GROU		ii —	XTY-SIXTH	I SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	<u></u>							and	
								Syndicated Exclusivity	
	<u></u>			-	-			Surcharge	
								for	
								Partially	
	<mark></mark>				<u> </u>			Distant Stations	
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Total DSEs		!	0.00	Total DSEs		**	0.00	İ	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ	
								İ	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	SEVENTH	SUBSCRIBER GROU		ii .	ΓΥ-EIGHTH	SUBSCRIBER GROU		ı	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ	
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Total DSEs			0.00	Total DSEs			0.00	1	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	İ	
								1	
Base Rate Fee Third (Group	s	0.00	Base Rate Fee Fourth	n Group	\$	0.00	1	
				Ш				1	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		l	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 006702	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	Y-NINTH	SUBSCRIBER GROU		11	/ENTIETH	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
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gre	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVENT	Y-FIRST	SUBSCRIBER GROU	JP	SEVENTY	-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
						 		
								
	ļ							
			l		ļ		<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	bove.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EACH				
SEVEN COMMUNITY/ AREA	ITY-THIRD	SUBSCRIBER GROU	JP 0	SEVENT		I SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA				COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
	<u></u>							for Partially
								Distant
								Stations
					<u></u>			
								
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	NTY-FIFTH	SUBSCRIBER GROU		II		I 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	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC				
SEVENTY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	SEVEN COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
	505	T 0444 0404	T 505			II ou oou	505	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
	···		······································					
					••••		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					•••••	-		
		-				-		
	···		<u>-</u>			-		
	···		······································					
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006702	Name	
				ATE FEES FOR EAC					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	EIGHT COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9	
COMMUNITY AREA				COMMUNITY AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	·····		<u>.</u>		<u></u>			and Syndicated	
					<u></u>			Exclusivity	
								Surcharge	
								for Partially	
			·					Distant	
								Stations	
	·····		<u>.</u>		<u></u>				
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
EIG	HTY-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			-						
			<u> </u>		<u></u>				
			<u>.</u>		<u></u>				
			<u>.</u>						
			<u> </u>		<u></u>				
Total DSEs			0.00	Total DSEs		II	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 Fourt	:h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA	·············		U	COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
					<u></u>			for Partially
								Distant
								Stations
								
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		iii .		SUBSCRIBER GRO	UP	
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	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU			NINTIETH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated 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	
Dana Bata Fan Finat	0		0.00	B B-4- F 0		_	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA	Y-SECUNL	SUBSCRIBER GROU)P	
OGIVINO NITTY / NEE/				OOMMONT 1774KE/K				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	o as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU		III	Y-FOURTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>				<mark></mark>			and
					<u> </u>			Syndicated Exclusivity
	···				<u>-</u>			Surcharge
								for
		-			<u></u>			Partially
	<u></u>				<mark></mark>			Distant Stations
					<u> </u>			Stations
	<u></u>				<u> </u>			
					<u> </u>			
					. 			
Total DSEs	<u> </u>		0.00	Total DSEs		·!·	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	ETY-FIFTH	SUBSCRIBER GROU		ii -	ETY-SIXTH	I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				•				
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
	···					-		Syndicated Exclusivity
						-		Surcharge
								for
								Partially
					<u>.</u>	-		Distant
						-		Stations
	<u></u>		······································			-	····	
	<u></u>							
						ļļ.	2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_				-		
			<u></u>			-	····	
						-		
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	····				·····	-		
	···					-		
					<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 to Enter here and in blood			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-			<u></u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
					<u></u>		<u></u>	Stations
		-						
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
	Croup	•	0.00		and Croup	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUND	RED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						-		
					<u></u>			
					<u></u>			
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	:h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	ED FIFTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122 0.00						Base Rate Fee
								and
								Syndicated
	<u> </u>		<u></u>					Exclusivity
	<mark></mark>							Surcharge
	<mark></mark>				·····			for Partially
	···		···		·····			Distant
	··		<u></u>		••••			Stations
					•••••			
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
	··		<u></u>		••••			
	•					-		
	<u>. </u>							
	<mark></mark>				<u>.</u>			
	<mark></mark>		<u></u>		·····			
	<u></u>				·····	-	<u> </u>	
	·		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		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
			·		<u></u>			Syndicated Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
								Stations
					<u></u>			
			•		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWELVTH	SUBSCRIBER GRO	UP	
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	d Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>							and
					 			Syndicated Exclusivity
					···			Surcharge
								for
								Partially
								Distant Stations
								Stations
								
Total DSEs			0.00	Total DSEs		ļļ.	0.00	
Gross Receipts First Group \$ 0.0				Gross Receipts Seco	nd Group	\$	0.00	
					этээр			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					 			
		-						
					 			
	····				 			
								I
	····				···			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	_							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		III		SUBSCRIBER GROU		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
					····			Stations
								I
Total DSEs			0.00	Total DSEs		Ц	0.00	
	Croup	•	0.00		ad Craup	•	0.00	
Gross Receipts First	Gloup	\$	0.00	Gross Receipts Secon	ій Стоир	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
				-	···			
								
					···			
	·····							I
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	ENTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	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 Fee
	••••							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	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP	D	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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				······································		-		
	••••							
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 Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EACH				
ONE HUNDRED TW		SUBSCRIBER GROUF	0	ONE HUNDRED TW COMMUNITY/ AREA		I SUBSCRIBER GROUP	0	9
COMMONT IT AREA	······································			COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
		-						and Syndicated
					<u></u>			Exclusivity
								Surcharge
		-			<u></u>			for Partially
								Distant
								Stations
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					<u></u>			İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROUF)	ONE HUNDRED TWEE	NTY-EIGHTH	I SUBSCRIBER GROUP)	İ
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
E	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP		TI .		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	OALE GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
		-						Syndicated
	<u></u>				<u></u>			Exclusivity
	····				···			Surcharge for
					•••			Partially
								Distant
		-						Stations
								
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (ross Receipts First Group \$ 0.0			Gross Receipts Secon	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	···-							
								
		-						
		-						
	···-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloom			rıber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	ONE HUNDRED THIS		1 SUBSCRIBER GROUF	0	9
	l por 1				T 505	T OALL CLON		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	·····			1				and
							•	Syndicated
								Exclusivity
					<u></u>			Surcharge
		-						for
	·····							Partially Distant
								Stations
							•	
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					<mark></mark>			I
					<u>.</u>			1
Total DSEs			0.00	Total DSEs		Ц	0.00	
			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	HIRTY-SIXTH	H SUBSCRIBER GROUP)	I
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						1
	·····							I
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			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU		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
			<u></u>		·····			Syndicated
	<u></u>			·			<u> </u>	Exclusivity Surcharge
••••••	··	-	<u>-</u>					for
								Partially
		-	<u> </u>					Distant
			<u> </u>					Stations
			<u> </u>					
	···		<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	UP	
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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			<u></u>					
	···		<u> </u>					
	···	-	<u></u>	·				
	<u></u>							
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				TE FEES FOR EAC				
		SUBSCRIBER GROUP		it .		O SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٩		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
		-						Partially
								Distant
								Stations
				-				
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED E	ODTY TUIDD	STIDSCOUDED COOLIG		ONE HUNDRED FOR	DTV FOLIDTI	1 STIBSCOIDED COOLE	<u> </u>	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		1 SUBSCRIBER GROUF	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 Fourt	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED I	ORTY-SIXTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL CICAL	DOE	CALL CICAL	DOE	CALL CICAL	DOE	M CALL CION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	··					-		and
	·				••••			Syndicated
				·				Exclusivity
								Surcharge
		-						for
	<u> </u>							Partially
								Distant
								Stations
					····			
	<u>-</u>							
						-		
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 FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
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	<u>-</u>							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
				ATE FEES FOR EACH				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU		ONE HUNDRE		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark></mark>							and
				-				Syndicated Exclusivity
	<u>-</u>			-	···			Surcharge
								for
								Partially
	<u></u>							Distant Stations
								Stations
	<u>.</u>							
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Total DSEs	1		0.00	Total DSEs		!!	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
·	·				·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		ONE HUNDRED FIFT		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
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	<u> </u>				····			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	r	l.				<u>l.</u>	3.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
BL ONE HUNDRED FIFT				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUF)	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
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 Second		\$	0.00	
ONE HUNDRED FIFT COMMUNITY/ AREA	I Y-FIF I H	SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA	-TY-SIXTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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 OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702								
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<u> </u>		<u>.</u>					Distant Stations
			<u>.</u>					Stations
			·			-	····	
		-	•				•••••	
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 G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FI	TY-NINTH	SUBSCRIBER GROUP)	ONE HUNDF	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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		-					•••••	
			<u> </u>					
								
	<u></u>		 					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	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 the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:					906702	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	BOISE	& NAMPA		COMMUNITY/ ARE	A NEW MI	EADOWS/MCCAL	L/DON/CA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
								Syndicate
								Exclusivit
		-						Surcharge
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	·						<u></u>	Partially
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		-						Stations
								
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	·		ļ				<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	\$ 7,163	856.00	Gross Receipts Sec	ond Group	\$ 29	99,586.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ID		FOLIRTH	SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		UR/NYSSA/ONTA		COMMUNITY/ ARE		OODOONIDEN GIVO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun	\$ 221.	765.00	Gross Receipts Fou	rth Group	\$	0.00	
5.555 Receipts Tillid C	лоир	- 221	. 55.55	- Stood Reccipio Fou	.a. Group	*		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxe	es above.			
Enter here and in block			- '			\$	0.00	

Name	YSTEM ID# 006702	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9	JP 0	SUBSCRIBER GROU	SIXTH	COMMUNITY/ADEA		SUBSCRIBER GRO	FIFTH	
Computation				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		-						
						<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 Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						<u> </u>		
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	-							
		<u> </u>					<u> </u>	
				1				
	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

Name								
	IP .	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		В
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and							•••	
Syndicate								
Exclusivi								
Surcharg								
for								
Partially								
Distant Stations		-				H		
Stations		-					···	
							···	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
		¥	a Cioap	Crooc recorpto Cocor	0.00	<u>* </u>	J. Oup	rood reddolpto r not o
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$		
	0.00					1	Group	lase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU			JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee First G
	0.00					1	Group	iase Rate Fee First G
	0.00				JP	1	Group	Base Rate Fee First G
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ease Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ase Rate Fee First G E OMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Group	ECOMMUNITY/ AREA
	0.00 JP O DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	ECOMMUNITY/ AREA CALL SIGN Cotal DSEs
	0.00 JP	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	ECOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	Base Rate Fee First G E COMMUNITY/ AREA

LEGAL NAME OF OW CABLE ONE, IN		LE STSTEM:					006702	Name
				TE FEES FOR EAC				
TI COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	UP 0	9
JUNINUNI I Y/ ARE/				COMMUNITY ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
			<mark></mark>					and
								Syndicated Exclusivity
			••••				•••••	Surcharge
								for
								Partially
	·····							Distant Stations
	······		····					Stations
Total DSEs	ļ	! !	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 GRO	_	
COMMUNITY/ ARE	Α		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	
I Ulai DOES	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Thire	и Огоир							
Gross Receipts Thir		s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Name	YSTEM ID# 006702	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GRO	NTEENTH	
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								
			<u> </u>				<mark></mark>	
	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 Gr
	JP	SUBSCRIBER GROU	VENTIETH	T\	JP	SUBSCRIBER GRO	NTEENTH	NIN
	0			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 Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
TWENT	Y-FIRST	SUBSCRIBER GRO	UP	TWEN	TY-SECONE	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 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 Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	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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			<mark></mark>		·····			
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						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Name	YSTEM ID# 006702	S`				.E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-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	<u> </u>	-			-			
for		-						
Partially		-				=		
Distant								
Stations								
	<u></u>		ļ					
	0.00	Ц		Total DSEs	0.00			Total DSEs
	0.00	¢	d Group	Gross Receipts Secon	0.00	¢	roup	Gross Receipts First G
	0.00	\$	и Огоир	Gross Receipts Secon	0.00	\$	Toup	Gioss Receipts Filst G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							···	
						-		
	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
	_	\$	Group			\$	Group	

Name	YSTEM ID# 006702					.E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			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								
							. <mark> </mark>	
		-						
	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
	IP	SUBSCRIBER GROU	-SECOND	THIRTY	UP	SUBSCRIBER GRO	TY-FIRST	THIR
	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			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EACH				
	ry-third	SUBSCRIBER GRO				SUBSCRIBER GROU	UP	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 Fee
								and
								Syndicated
	<mark>-</mark>		···			-	·····	Exclusivity Surcharge
	·	-	···		···			for
			···		···			Partially
								Distant
								Stations
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	<mark>-</mark>		<u></u>				<u></u>	
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GRO	UP	THI	RTY-SIXTH	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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	<mark>.</mark>				 		····	
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	<u>-</u>						<u> </u>	
	<u> </u>						<u></u>	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 006702					.E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
٥	IP	SUBSCRIBER GROU	Y-EIGHTH	THIR		SUBSCRIBER GRO	SEVENTH	
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								
Syndicated		<u> </u>						
Exclusivity		H					·- <mark></mark>	
Surcharge		-						
for								
Partially Distant		-						
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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
	IP	SUBSCRIBER GROU	FORTIETH		UP	SUBSCRIBER GRO	TY-NINTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				1		·		
		-				-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 006702	S)				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GRO	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		ļ	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	/-FOURTH	FORT'	UP	SUBSCRIBER GRO	TY-THIRD	FOR ⁻
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				11				
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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 C

Name	YSTEM ID# 006702					LE SYSTEM:	R OF CABL	CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	RTY-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	·····				<u> </u>			
for	····	<u> </u>					·	
Partially		-						,
Distant								
Stations								
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	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	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FOR	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	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		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third C

Base Rate Fed and Syndicated	OUP		SUBSCR	TE FEES FOR FACE	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
Computation OSE of Base Rate Fer and Syndicated	OUP	OUDCODIDED ODGI		n									
Computation OSE of Base Rate Fed and Syndicated	_	SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	TY-NINTH						
DSE of Base Rate Fee and Syndicated	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
and Syndicated	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
Syndicated													
		-				-							
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Exclusivity Surcharge		-	<u>.</u>										
for		-				-							
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Distant			ļ				<u> </u>						
Stations							. 						
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0.00	0.00			Total DSEs	0.00			Total DSEs					
.00	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G					
0.00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G					
	OUP	SUBSCRIBER GROU	/-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF					
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
OSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
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.00	0.00	_		Total DSEs	0.00	_		Total DSEs					
.00	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C					
.00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G					

Name	906702	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD				
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate Fe			ļ								
and		<u> </u>	.								
Syndicated		-	.								
Exclusivity Surcharge							··				
for											
Partially		<u> </u>									
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 Secor	0.00	\$	roup	Base Rate Fee First G			
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	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			
	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			
		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE				
	0.00	CALL SIGN		Total DSEs	0.00			Total DSEs			
		CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third C			

Name	YSTEM ID# 006702	S'			· 	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	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 Surcharge		-					·	
for		-				-	·	
Partially	····							
Distant								
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Gross Receipts Second Group		\$ 0.00		Gross Receipts First Group	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
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Name	YSTEM ID# 006702										
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		SUBSCRIBER GROU	Y-EIGHTH	İ		SUBSCRIBER GRO	SEVENTH				
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CABLE ONE, INC.		E SYSTEM:					006702	Na
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NI	YSTEM ID# 006702	S			.	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
•	JP	SUBSCRIBER GROU	'-FOURTH	SEVENT	JP	SUBSCRIBER GRO	TY-THIRD	SEVENT
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	ITY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	TY-FIFTH	SEVEN ⁻
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 	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	SEVENTH	SUBSCRIBER GRO		SEVEN	NTY-EIGHTH	SUBSCRIBER GRO	UP	۵		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group		\$ 0.00		Gross Receipts Second Group		\$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0			
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Total DSEs			0.00	Total DSEs		11	0.00			
Gross Receipts Third G	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			
	очр	<u> </u>	0.00		Oroup	<u> Ψ</u>	0.00			
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$				

	YSTEM ID# 006702							CABLE ONE, INC.
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9	JP 0	SUBSCRIBER GROU	r-SECOND	EIGHTY COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	Y-FIRST	EIGH' COMMUNITY/ AREA
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CABLE ONE, INC.	CABLE SYSTEM:					006702	Name
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Fross 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	
	ITH SUBSCRIBE	R GROUP	EIG	HTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	······	0	COMMUNITY/ ARE	Α		0	
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Name	YSTEM ID# 006702										
				TE FEES FOR EACH							
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	TY-NINTH				
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	JP	SUBSCRIBER GROU	'-SECOND	NINET	UP	SUBSCRIBER GRO	TY-FIRST	NINE			
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0 Computation SE of Base Rate Fe	OLIP	IBER GROUP	SUBSCR	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
Computation of) LIP			TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В					
Computation of		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD						
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
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and													
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00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G					
	OUP	SUBSCRIBER GROU	ETY-SIXTH	NINE	JP	SUBSCRIBER GROU	TY-FIFTH	NINE					
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
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00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

Exclusivity	BER GROUP SUBSCRIBER GROUI CALL SIGN		TE FEES FOR EACH				
Computation DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00		Y-EIGHTH					
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00	CALL SIGN		NINET	<u>JP</u> 0	SUBSCRIBER GROU	SEVENTH	NINETY-S COMMUNITY/ AREA
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00	CALL SIGN						
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	SUBSCRIBER GROUP	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	ΓΥ-NINTH	NINET
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2 Name	YSTEM ID# 006702	S				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
	JP	SUBSCRIBER GROU	SECOND	ONE HUNDRED	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDRE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	0			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	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	IP IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
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Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00	Ш	<u> </u>	Total DSEs	0.00		<u>.</u>	otal DSEs
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	IP	SUBSCRIBER GROU	D FIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0	OODOONIDEN GROE	D EIGHIII	COMMUNITY/ AREA	0	OODOONIDEN ONO	<u>JEVERIII</u>	OMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate and Syndicate Exclusivi
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	UP	
OMMUNITY/ 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	
otal DSEs			0.00					
	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs Gross Receipts Third (Group	\$		Gross Receipts Fou	rth Group	\$	0.00	
oss Receipts Third (\$		Gross Receipts Fou		\$	0.00	
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	YSTEM ID# 006702	SY			•	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0	JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOL	JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		_						
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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 Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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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

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				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	5H1EENTH	ONE HUNDRED EI	0	SUBSCRIBER GROUP	ENIEENTH	ONE HUNDRED SEV
Computati				COMMONT IT AREA				DOMINIONIT IT ANEX
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						<u> </u>		
and						 		
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TV	JP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NI
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
		s	Group			s	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

Name	006702							CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN		SUBSCRIBER GROUP	NTY-FIRST	ONE HUNDRED TWEN
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$		Base Rate Fee Secon	0.00	\$		
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= -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
= - -	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
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= - - - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
= - - - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
= - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
= - - - - - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
- - - - - - - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
- - - - - - - - - - - - - - - - - - -	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	Base Rate Fee First Gr ONE HUNDRED TWEN COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	roup	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROUP CALL SIGN	d Group Y-FOURTH DSE	Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH DSE	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	SUBSCRIBER GROUP CALL SIGN	d Group Y-FOURTH DSE	Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 DSE 0.00 0.00 0.00	SUBSCRIBER GROUP CALL SIGN * * * * * * * * * * * * *	d Group Y-FOURTH DSE Group	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	0.00 DSE 0.00 0.00	SUBSCRIBER GROUP CALL SIGN * \$	roup ITY-THIRD DSE	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G
	0.00	SUBSCRIBER GROUP CALL SIGN	d Group Y-FOURTH DSE Group	Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUP CALL SIGN	roup ITY-THIRD DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Fotal DSEs

	YSTEM ID# 006702	S`				_E 5151EW.	R OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
	1	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE)	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	•	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	006702	Sì			·	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.	
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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-	0.00			Total DSEs	0.00			Total DSEs	
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00			Total DSEs	0.00				
 	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

	YSTEM ID# 006702					LE SYSTEM:	R OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	Bl
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9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		<u> </u>	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	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
	•			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0							
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third C

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP	,			I 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
								and
								Syndicated
								Exclusivity
		-						Surcharge
								for
			<u>.</u>				····	Partially
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					···	-		Stations
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		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 THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			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 Third G	roup	\$	0.00		h Group	\$	0.00	
	•				1-	<u>·</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
	\$ e fees for each sub	bso	0.00	Gross Receipts Fourth Base Rate Fee Fourth	h Group	\$ \$	0.00	

	YSTEM ID# 006702					LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
0		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR	,	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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