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

email to:

Return completed workbook by

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 Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is 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	ess of the cable system on the last day of counting perioa	em the accounting period should s	
	CABLE ONE, INC.			
				00740720171
				007407 2017/1
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of	•		
System	1 IDENTIFICATION OF CABLE SYSTEM:	<u> </u>	-	·
	MAILING ADDRESS OF CABLE SYSTEM: 1341 E THORNTON ROAD (Number, street, rural route, apartment, or suite number) SHOW LOW, AZ 85901 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First Community	SHOW LOW	AZ		
	Below is a sample for reporting communities if you report multiple characteristics of CITY OR TOWN (SAMPLE)	annel line-ups in S STATE	pace G. CH LINE UP	SUB GRP#
	CITY OR TOWN (SAMPLE) Alda	MD	A CH LINE UP	SUB GRP#
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.

FORM SASE. PAGE 10.			OVOTEN ID#	T					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CABLE ONE, INC.			007407						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hot below the identified city or town.	me parks should b	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	he column blank. I	f you report any st	ations						
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) are (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	id a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SHOW LOW	AZ			First					
HOLBROOK	AZ			Community					
JOSEPH CITY	AZ								
NAVAJO COUNTY	AZ								
PINETOP LAKESIDE	AZ								
PINEVIEW WAGONWHEEL	AZ			See instructions for					
SNOWFLAKE	AZ			additional information					
TAYLOR	AZ			on alphabetization.					
WINSLOW	AZ								
				Add rows as necessary.					
				Add rows as necessary.					
				1					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007407

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				
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				i I				
 Service to first set 	8,347	\$	40.00					
 Service to additional set(s) 	12,520							
 FM radio (if separate rate) 				İ				
Motel, hotel	1,918	3.	19-12.05	İ				
Commercial	247	\$	57.06	İ				
Converter				İ				
Residential								
Non-residential								
				1 l"	***************************************	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	R	ATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	R	ATE	
Continuing Services:			Installation: Non-residential					
 Pay cable 		15-17	Motel, hotel	\$ 90.00		EXPANDED BASIC	\$	40.00
 Pay cable—add'l channel 	\$	9.00	Commercial	\$ 90.00	Ī			
Fire protection			• Pay cable	\$ 30.00	Ī			
Burglar protection			Pay cable-add'l channel		Ī			
Installation: Residential			Fire protection		Ī			
First set		0-90	Burglar protection		Ī			
 Additional set(s) 	\$		Other services:		Ī			
• FM radio (if separate rate)			Reconnect	\$ 90.00	-			
Converter			Disconnect	 	-			
			Outlet relocation	\$ 30.00	ľ			
			 Move to new address 		ľ			
				 	ľ			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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) **KAET** 8 Ε PHOENIX,AZ Yes **KASW** 49 No PHOENIX,AZ See instructions for additional information **KAZT** PHOENIX,AZ 7 ı No on alphabetization. KAZT-2 I-M No 7 PHOENIX,AZ **KNXV** 15 Ν No PHOENIX,AZ Ν **KPHO** 17 No PHOENIX,AZ **KPNX** 12 N No MESA, AZ PHOENIX,AZ **KPNX-2** I-M 12 No **KSAZ** I 10 No PHOENIX,AZ **KTAZ** 39 ı No PHOENIX,AZ KTVK 24 ı No PHOENIX,AZ **KTVW** 33 No PHOENIX,AZ ı **KUTP** 26 ı No PHOENIX,AZ

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.				007407	
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
	here in space	G-but do lis		e Special Stateme	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	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
educational station, by (for independent multion)	entering the lecast), "E" (for n	etter "N" (for n oncommercia	etwork), "N-M" (l educational), o	for network multica or "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the Column 4: If the standard planation of local servi	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		
					payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the primar	y transmitter, enter the designa-	
` ' '			•	•	her 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.	
Note: If you are utilizing	ng multiple char	• •	•	•	cnannei iine-up.	
	1	CHANN	EL LINE-UP	AB		
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)		
	••••••					
					<u></u>	
						
		<u> </u>				
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		<u> </u>				

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007407		
PRIMARY TRANSMITTE In General: In space (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 Column 3: Indicate educational station, by (for independent multic	ers: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With I CC rules, regular here in space only on a subs and also in spa formation conc rm. the station's call associated with -2". Simulcast the channel numb ise. For example system carried the in each case we rentering the le cast), "E" (for no	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substiff sign. Do not r h a station acc streams must over the FCC h e, WRC is Chane station. whether the stater "N" (for no concommercia	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried tute basis station coording to its own be reported in distance of the mass assigned to annel 4 in Wash ation is a network etwork), "N-M" (I I educational), of	(1) stations carried to carriage of certariage of the television stationington, D.C. This bork station, an indefer network multicor "E-M" (for nonco	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast).	Primary Transmitters: Television	
Column 4: If the sta 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 FCC. For Mexican or Column 1	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						
Note: If you are utilizing	ng multiple char		·		channel line-up.		
	o DIGAGE		EL LINE-UP		a LOGATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	` ′	(If Distant)			
						l I	

FORM SA3E. PAGE 3.						NGTERIOD: 2017
		STEM:			SYSTEM ID#	Name
<u> </u>	EIGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. MARY TRANSMITTERS: TELEVISION General: In space G, identify every television station (including translator stations and low power television stations) mied by your cable system during the accounting period, except (1) stations carried only on a part-time basis under Crules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 55(g)(2) and (4), 76.61(e)(2) and (4), or 76.61(e)(2) and (4)); and (2) certain stations carried on a batitute 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 sis under specific FCC rules, regulations, or authorizations: on to this 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 and also on some other basis. For further information concerning substitute basis stations as carried only on a substitute basis. Is 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 chi multicast stream associated with a station according to its over-the-air designation. For example, report multist stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example ETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independ					
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis Substitute Basis For further in station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifue Column 4: If the st planation of local services.)	ers: TELEVISIC G, identify every system during the ions in effect or 6.61(e)(2) and (exists, as explaine Stations: With r CC rules, regular in the ere in space only on a substand also in space formation concurrs. The station's call associated with exercise channel numbers are carried the exercise carri	y television strane accounting in June 24, 194, or 76.63 (rd din the next prespect to any attions, or auth G—but do list titute basis. In the state of the state	period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the station was carried to the station was carried to the period of the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your cone Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Statement of the Special Special Special Special Statement of the Special Statement of Special Statement of Special Statement of Special Statement of Special S	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 ependent station, or a noncommercial aast), "I" (for independent), "I-M" immercial educational multicast). the paper SA3 form. The system of the paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form.	G Primary Transmitters: Television
cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	he distant static ion on a part-tir ion of a distant t entered into or a primary transi simulcasts, also aree categories e location of ea	on during the a me basis beca multicast stren n or before Ju mitter or an aso o enter "E". If , see page (v) ch station. Fo	accounting perion accounting perion accounting perion account a search that is not some 30, 2009, be association repreyou carried the pof the general of the general or U.S. stations,	od. Indicate by entactivated channel of subject to a royalty etween a cable systematic than the primary channel on any of instructions locate list the community	ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form.	
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		CHANN	EL LINE-UP	AD		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN			(Yes or No)			
	NUMBER	STATION		(If Distant)		
	•					
	•					
	†			· 	 	

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	1C.				007407		
PRIMARY TRANSMITTE In General: In space (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 Column 3: Indicate educational station, by	ers: TELEVISIO 3, identify even system during the cons in effect or 3.61(e)(2) and (sis, as explaine stations: With race only on a subsection on a subs	y television structure to the accounting of June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the statement of the station according to the station according to the station according to the station. Whether the station whether the station whether the station.	g period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: t it in space I (the attion was carried tute basis station report origination coording to its own be reported in of an as assigned to an assigned to an an an an etwo etwork), "N-M" ((1) stations carried to carriage of certariage of the television stationington, D.C. This ork station, an indefor network multic	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial aast), "I" (for independent), "I-M" ommercial educational multicast).	G Primary Transmitters: Television	
Column 4: If the sta 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 FCC. For Mexican or Column 1	For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.						
Note: If you are utilizing	ig multiple char	• •	•	•	channel line-up.		
1 CALL	2 P'CAST		EL LINE-UP 4. DISTANT?		6 LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
					007407	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried 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 Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	ERS: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With I CC rules, regular I here in space only on a subs and also in spa iformation conc irm. In station's call associated with In-2". Simulcast I e channel numb ise. For example ystem carried the in each case w I entering the le cast), "E" (for nu ise terms, see action is outside ation is outside ion on a part-tir ision of a distant is entered into on a primary trans simulcasts, also	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column account in a station in column account in a station account	period, except period, except period, except period, except period, except period, permitting the referring to 76.6 paragraph. I distant stations orizations: I tit in space I (the stion was carried ute basis station period or origination period origination period in the stion is a network), "N-M" (I educational), consider the stion is a network period area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive accounting period accounting period accounting period accounting period accounting period accounting period accounting period accounting period peri	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
				•	to which the station is licensed by the 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.	
	1	CHANN	EL LINE-UP	AF		
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)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007407	- Tumo
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine stations: With recording the consideration of the consideration	ne accounting a June 24, 1944), or 76.63 (rd in the next perspect to any attempt of the design of th	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 on as assigned to the	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the calculumn 1 (list each the television statistics).	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	Primary Transmitters: Television
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-		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, II					007407		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent)," I-M" (for ind							
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	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)			
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FORM SA3E. PAGE 3.					Accoonti	NG 1 EMOD. 2017/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007407	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
explanation of these the Column 6: Give the	ree categories, location of eac Canadian station	see page (v) ch station. Fo ns, if any, give nel line-ups,	of the general in the stations, let the name of the use a separate stations.	nstructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						NGTEMOD. 2017
LEGAL NAME OF OWN		STEM:			SYSTEM ID# 007407	Name
CABLE ONE, IN					007407	
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).	G, identify every eystem during the consistency of 6.61(e)(2) and 6.65(e)(2) and	y television strate accounting a June 24, 199 (4), or 76.63 (r) din the next respect to any titions, or auth G—but do listitute basis. Ince I, if the state erning substitutions and streams must	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station report origination coording to its ov- be reported in o	(1) stations carried to carriage of certa- (1(e)(2) and (4))]; as carried by your come Special Statement of both on a substitutions, see page (v) on program services ter-the-air designaticulumn 1 (list each	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	G Primary Transmitters: Television
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	ı	CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007407	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during to ions in effect or 6.61(e)(2) and (6.61(e)(2)	he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In the state of the	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent 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 a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion of a distant ic entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, if any, giv	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search of the search of the search of the search of the general in the search of the general in the search of the general in the search of the general in the search of the general in the search of the general in the search of the general in the search of the search of the search of the general in the search of the searc	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If the town of the station is licensed by the mathematical which the station is identified.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007407		
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), "I"							
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 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.					Accookii	NG 1 EMOD. 2017/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007407	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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), "" (for independent multicast). "E							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community			
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN					007407		
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 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-N							
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv nnel line-ups,	of the general of the general of the name of the name of the the name of the general of the gene	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Education of Station		
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007407		
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 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),							
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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)			
							
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	C.				007407		
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), "I"							
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Note: If you are utilizing	,		EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						NG / LMOD. 2017)
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
,					007407	
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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.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007407		
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),							
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Note: If you are utilizing	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		
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FORM SA3E. PAGE 3.					Accoonti	NG 1 EMOD. 2017/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007407	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 0 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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for in							
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing							
		CHANNI	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007407		
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bases Substitute Basis Substitute Basis Substitute Basis Substitute Station as a station was carried basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast". Column 2: Give the	ers: TELEVISION of identify even by stem during the ions in effect or 6.61(e)(2) and (6.5), as explaine stations: With 100 crules, regular here in space only on a subsand also in spatformation concern. The station's call associated with 100 crules in spatformation concern.	y television stane accounting on June 24, 199 (4), or 76.63 (r) d in the next perspect to any stions, or auth G—but do list titute basis. Ince I, if the state erning substitute sign. Do not reast a station accept the FCC here.	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 cording to its ow- be reported in on as assigned to	(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 service er-the-air designal column 1 (list each the television statistics).	and low power television stations) ad 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	G Primary Transmitters: Television	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	T	[1]		

FORM SA3E. PAGE 3.					Accoonti	NG 1 EMOD. 2017/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	IC.				007407	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M"							
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also ree categories, e location of eac Canadian station	o enter "E". If y see page (v) ch station. For ns, if any, give anel line-ups, i	you carried the of the general in r U.S. stations, let the name of the use a separate	channel on any ot nstructions locate list the community ne community with space G for each	her 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.		
	T	CHANNI	EL LINE-UP	AU			
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	
					007407		
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), 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 independent), "I-M" (for in							
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Note: If you are utilizing	ng multiple char		•	•	channel line-up.		
			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		
	NUMBER	STATION	(10001110)	(If Distant)			
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	I	l	l	I			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	007407	
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low powe carried by your cable system during the accounting period, except (1) stations carried only on a pai FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system or 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 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 a basis. For further information concerning substitute basis stations, see page (v) of the general in in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO each multicast stream associated with a station according to its over-the-air designation. For examp cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separated the station as the column 2: Give the channel number the FCC has assigned to the television station for broadca its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be differed on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational stations located in the paper SA3 for Column 4: If the station is outside the local service area, (i.e. "distant").	rt-time basis under ograms [sections stations carried on a in a substitute program in Log)—if the salso on some other structions located in ESPN, etc. Identify ole, report multi-ately; for example sting over-the-air in interfrom the channel in, or a noncommercial ependent), "I-M" isational multicast). orm. "No". For an exemine	G Primary Transmitters: Television
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if y 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 of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the primary transmitter, explain the cable system and a primary transmitter or an association representing the primary transmitter, explain the cable system and a primary transmitter or an association representing the primary transmitter, explain the cable system of these three categories, see page (v) of the general instructions located in the paper Column 6: Give the location of each station. For U.S. stations of these community to which the station is capacitive to the station of the second of the station of	use it is the subject ociation representing enter the designa- or "O." For a further SA3 form. tation is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the stat Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW		
	I OF STATION	
SIGN CHANNEL OF (Yes or No) CARRIAGE	TOI STATION	
NUMBER STATION (If Distant)		
<u> </u>		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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	EM:			(SYSTEM ID#	Name		
CABLE ONE, INC. 007407									
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	1					
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
				e general instr	uctions located in the par	oer SA3 form.	Substitute Carriage:		
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 "Yes," you must complete the program									
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subst				wherever pos	sible, if their meaning is				
clear. If you need more spa			al pages. ision program (substitute p	rogram) that.	during the accounting				
period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming of another stat	ion			
under certain FCC rules, res									
titles, for example, "I Love L				basketball .	List specific program				
			r "Yes." Otherwise enter "N						
			sting the substitute progra		nsed by the FCC or, in				
the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is iden	ntified).				
first. Example: for May 7 given		when your sys	tem carried the substitute p	orogram. Use	numerals, with the mon	th			
Column 6: State the time	es when the		gram was carried by your o			у			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be				
	er "R" if the	listed program	was substituted for progra	mming that y	our system was required	d			
to delete under FCC rules a									
gram was substituted for preeffect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	ules and regulations in				
, , , , ,						T	1		
	LIBSTITLIT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON	1		
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		1		
					<u> </u>		1		
					_				
							1		
					_				
					_				
					_				
		l					İ		

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007407

J

Part-Time Carriage Log

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-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."

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

LEGA	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 007407	Name				
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. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be known.	entered on line 2	in 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.	s 1.064 percer	1,527,429.00					
	·							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$	4,062.96					
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	4,062.96					
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 zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	16,251.84 0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate				
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ See page (i) of the	16,976.84	form for submitting the additional fees.				

Name	LEGAL NAME OF OWNER	OF CABLE S	YSTEM:	SYSTEM ID#					
Name	CABLE ONE, INC	•		007407					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable								
			nannels on which the cable badcast stations	13					
	system camed ten	EVISION DI	aucasi sialions						
	2. Enter the total nu	mber of a	ctivated channels						
		-	arried television broadcast stations	284					
	and nonbroadcast	services							
N Individual to Be Contacted									
for Further	Name EMER	SON YE	ARWOOD Telephone	602-364-6195					
Information									
	Address 210 E. (Number, s	EARLL treet, rural r	DRIVE oute, apartment, or suite number)						
			85012-2626						
	(City, town,								
	Email	emers	on.yearwood@cableone.biz Fax (optional) 602-364-	-6013					
	CERTIFICATION (Th	is statem	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.					
0			····	g					
Certifcation	• I, the undersigned,	hereby cei	tify that (Check one, but only one, of the boxes.)						
	(Owner other tha	n corner	tion or partnership) I am the owner of the cable system as identifed in line 1 of spac	o Pror					
	(Owner other tha	iii corpora	tuon or partnership) rain the owner of the cable system as identified in line 1 of space	e b, oi					
	(Agent of owner	other tha	n corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified					
	in line 1 of sp	ace B and	that the owner is not a corporation or partnership; or						
	(Officer or partn in line 1 of sp.	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system					
		nd correct	t of account and hereby declare under penalty of law that all statements of fact contai to the best of my knowledge, information, and belief, and are made in good faith.	ned herein					
		X	/s/ Raymond Storck						
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot.						
	Typed or printed name: RAYMOND STORCK								
		Title:	VICE PRESIDENT (Title of official position held in corporation or partnership)						
		Date:	August 25, 2017						

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407	Name						
CABLE ONE, INC. 007407							
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							
Name Mailing Address Name 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							
xdays							
Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filling.							
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:

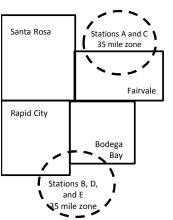
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

\$4,00 mg						
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

ACCOUNTING PERIOD: 2017/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	S	STEM ID#								
1	CABLE ONE, INC. 007407										
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	Add the DSEs of each statio		10.								
	Enter the sum here and in line		s schedule.		0.25						
2	Instructions: In the column headed "Call	Sign": list the ca	Il signs of all distant stations	identified by t	the letter "O" in column 5						
_	of space G (page 3).	oigii . list tile ca	ii signis or all distant stations	s identified by t	ine letter O in column 5						
Computation	In the column headed "DSE			as "1.0"; for	each network or noncom-						
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Category "O"				IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KAET	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
		·····									
		<u></u>		·							
				·							
						(

Name	CABLE ONE	OWNER OF CABLE SYSTEM:					S	YSTEM ID# 007407
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista :: For each station, give the correspond with the infonts :: For each station, give the correspond with the infonts :: Divide the figure in columnation of the colum	the number of he mation given in the total number and 2 by the figure and point. This station, give the lumn 4 by the	nours your cable system space J. Calculate or or of hours that the state gure in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the For each netwo	ation during the accounting the station. ver the air during the accounting the a	ounting period. This figure must ucational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE		SE
			÷		=	x	=	
			÷		=	X X		
						x		
			÷	:	=	x	=	
			÷ ÷		=	x x	= =	
	Add the DSEs	s OF CATEGORY LAC S of each station. Im here and in line 2 of pa		hedule,	▶	0.00	<u>)</u>	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferond to space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start of the call sign of each start on October 19, 1976 (one or more live, nonnetwork). This figure should correst carter the number of days Divide the figure in column this is the station's DSE	itution for a pro as shown by the ork programs di number of live spond with the is in the calenda in 2 by the figu (For more infol	ogram that your system letter "P" in column uring that optional carrie, nonnetwork program information in space I ar year: 365, except in ure in column 3, and girmation on rounding, s	was permitted 7 of space I); an lage (as shown by s carried in substance I); an leap year. We the result in cee page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs tha column 4. Round to no let the general instructions	2 of t were deleted	rm).
				BASIS STATION				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷ -	=
		:		=			÷	=
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa				0.00)	
5 Total Number of DSEs	number of DSE: 1. Number o 2. Number o	ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 • f DSEs from part 3 • f DSEs from part 4 •		boxes in parts 2, 3, and	4 of this schedu	le and add them to provide	0.25 0.00 0.00	0.25
	IOIAL NONDE	01 0020					<u> </u>	0.20

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

LEGAL NAME OF C		SYSTEM:					s'	YSTEM ID#	N
CABLE ONE, I	INC.							007407	Name
Instructions: Bloc	ck A must be com	pleted.							_
 If your answer if schedule. 				7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M.	ADVETO				Computation of
Is the cable syster	m located wholly o					ection 76 5 of	FCC rules and red	gulations in	3.75 Fee
effect on June 24,	1981?		•	PLETE THE REMA				galationo in	
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and SE Scheme	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric	ules and regued pursuant to as defined all educations distation (76.6 or DSE scheduled)	lations cited by the FCC maddin 76.5(kk) (7 al station [76.565) (see paragule).	usis on which you delow pertain to the rket quota rules [76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	ese in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring	n June 24, 198), 76.61(b)(c), ı) referring to 7 g to 76.61(d)	76.63(a) referring 76.61(e)(1	j tc	
	G Commercial L M Retransmission	JHF station won of a distan	rithin grade-B o		(5), 76.61(e)(5	5), 76.63(a) ref	erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KAET	С	0.25							
							<u> </u>		
								0.25	
		_						0.20	
		В	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			-	0.25	
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B abo	ove			-	0.25	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				X 0.03		partially permited/ partially
	·						х		nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	CABLE ONE, INC. 007407										
			JED)	(CONTINU	ION MARKETS	A: TELEVIS	BLOCK				
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN		
Computation 3.75 Fee											
	••••••										
										••••	
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						ļ					
	••••••									•••	
	••••••									•••	
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Name	CABLE ONE, IN		SYSTEM:						S	907407		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.											
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
	1. CALL SIGN											
	SIGN BOE TENIOD CANNACE BOE BOE											
7 Computation of the Syndicated	,	"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		ort 8 of the DSE schedo						
Exclusivity			BLOC	K A. WAJOK	1 -	LL VISION WARR	<u> </u>					
Surcharge	Is any portion of the or	cable system w	rithin a top 100 maj	or television mar	rket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?		
	Yes—Complete	blocks B and	C .			No—Proceed to	part 8					
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	(C: Compu	ıtation of Exem	pt DSE	3		
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	, ,			Was any station listed nity served by the cab to former FCC rule 76	le system p					
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st			ate permi	itted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE		
		-	TOTAL DSEs	0.00		-	-	TOTAL DS	SEs	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007407	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,527,429.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity 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? Tyes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
0.5	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	(CABLE ONE, INC.	007407
7 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	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. or answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. or answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	low
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	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)	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.)	.25
	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).	

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

	AME OF OWNER OF CABLE SYSTEM: LE ONE, INC.	SYSTEM ID# 007407	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			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		· ·
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) > \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	_	Duco Hato I co
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$	0.00	
	Dase rate ree	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	0	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	l line-ups in	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of
			Base Rate Fee and
	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		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		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 properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		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 state to that community.	ion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
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.		
Compi groups	ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
-	section:		
• Give	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,		
	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 t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
 Comp page. DSEs f 	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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.

CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 007407	Name	
BL				TE FEES FOR EACH					
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
					<u>.</u>			Syndicated	
					-			Exclusivity Surcharge	
					<u>-</u>			for	
								Partially	
								Distant	
								Stations	
					<u>-</u>				
		-			-				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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 G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
·	-				•				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	\$	0.00		
Enter Here and in block	o, iii e i, s	pade L (page 1,				Ψ	0.00		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007407	Name	
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
				-		-		Base Rate Fee and	
		-						Syndicated	
				-				Exclusivity Surcharge	
								for	
								Partially Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	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		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					·····				
		-			·····		····		
		-							
		-							
					·····				
		-							
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 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, IN		E SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EAC			ID.	
COMMUNITY/ ARE		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DGL	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 Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
Dase Nate Fee First		SUBSCRIBER GROU	'	Dase Rate Fee Seco		I SUBSCRIBER GROU	•	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 30B3CRIBER GRO	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 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# 007407	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u>.</u>							and
		-	····		·····		·····	Syndicated Exclusivity
								Surcharge
								for
	<u>.</u>							Partially
					·····			Distant Stations
	····	-	····		•••••			
								
	····		····		·····			
Total DSEs	<u>.</u>	! !	0.00	Total DSEs	- 1		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Gloss Receipts First v	Gloup	4	0.00	Gross Receipts Sec	ona Group	4	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			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>	····		·····			
		H	···		•••••			
		<u> </u>						
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxe	es above.			

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007407	Name	
				ATE FEES FOR EACH					
		SUBSCRIBER GROU		TI .		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
					<u></u>			and	
								Syndicated Exclusivity	
					···			Surcharge	
								for	
	<mark></mark>							Partially	
	····				 			Distant Stations	
								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 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		
	<u></u>				 				
				-					
	<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		
				Ш					
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH				
	ITY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122 0.011	202	0,122 0.011	332	07.22 0.01	302	0/122 0.0.1	302	Base Rate Fee
								and
								Syndicated
				-				Exclusivity
	···		<u>.</u>				····	Surcharge for
					<u></u>			Partially
								Distant
					<u></u>			Stations
			<u>.</u>		<u>.</u>			l
								l
							•••••	l
								l
								l
Total DSEs			0.00	Total DSEs		-	0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
								l
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	1
	TY-THIRD	SUBSCRIBER GRO		II		I SUBSCRIBER GROU		l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u>.</u>		<u>.</u>			l
			<u>.</u>	-			····	l
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								l
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			<u>.</u>		<u></u>			l
	···							l
					<u></u>			l
								l
								l
			<u>.</u>		<u></u>			l
			<u>.</u>					l
Total DSEs			0.00	Total DSEs		-11	0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
	•				,			1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EAC				
TWEN COMMUNITY/ AREA	NTY-FIFTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 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		Щ	0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii —		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>					.		
	···	-	······································		·····	-		
		-				-		
	<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 Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as snown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			····					Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
	····		····	·				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		ii —		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
				TE FEES FOR EACH					
		SUBSCRIBER GRO		ii —		1 SUBSCRIBER GROU		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	
	·····				<u></u>			and	
								Syndicated Exclusivity	
				-				Surcharge	
								for	
								Partially	
	·····				 			Distant Stations	
						•		Stations	
			<u></u>						
									
Total DSEs		.!	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 Receipts Secon	na Group	9	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	Α		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 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	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
				ATE FEES FOR EACH					
	-SEVENTH	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>				<u></u>			and	
								Syndicated Exclusivity	
	···							Surcharge	
								for	
					<u></u>			Partially	
								Distant Stations	
	<u></u>								
	<u></u>								
Total DSEs		•	0.00	Total DSEs			0.00		
Gross Receipts First 0	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		
	RTY-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROU			
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>							I	
	<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.	\$			

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 007407	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	IJP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation 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 Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-THIRD	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	
	···							
				1		-		
					·····	-		
						-		
			······································	·		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.			
Enter here and in bloc	k 3, line 1,	space L (page 7)				\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
				·				Exclusivity Surcharge
	<u></u>	-	<u></u>		••••			for
								Partially
		ļ						Distant
								Stations
	<u></u>	-						
	···		···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	UP	FOI	RTY-EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>		···		••••			
	<u></u>		<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	
ccc .tooopto milu	ap	<u>-</u>			Стоир	<u>-</u>		
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			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007407	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
		-			<mark></mark>			Syndicated Exclusivity
			-			-		Surcharge
		-						for
								Partially
								Distant
								Stations
					····			
Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	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	
	TY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<mark></mark>			
						-		
					<u></u>			
					····			
					····	<u> </u>		
Total DSEs		,	0.00	Total DSEs			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	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	ONEE OIOIV	DOL	ONEE OIOIV	DOL	O'ALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
			-					Exclusivity Surcharge
								for
								Partially
	·····		<u>.</u>		····			Distant Stations
					····			Ciulions
				-				
	·····		<u> </u>					
					•••••			
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	
-	ICTV CICTU	SUBSCRIBER GRO		-	IETV CIVTI	H SUBSCRIBER GRO	ID.	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
3,122 3.3.1	202	0.122 0.0.1	202	37.122 87877	332	37.122.3131.1	332	
			·					
				-				
			<u>.</u>		····			
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# 007407	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	332	07.22 0.0.1	302	37.EE 373.Y	302	07.122.01.01.1	302	Base Rate Fee
								and
	<u></u>		<u></u>					Syndicated
								Exclusivity
			<u></u>					Surcharge for
	····				·····	-		Partially
								Distant
								Stations
	····		<u></u>			-		
						-		
	••••				·····			
	····		<u></u>			•		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-NINTH	SUBSCRIBER GRO	DUP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	····		<u></u>			-		
	••••		<u></u>			-		
	<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 Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SI	O07407	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-FIRST	SUBSCRIBER GROU		Ti .	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						 		Syndicated
					<u>.</u>		<u></u>	Exclusivity
					<u>.</u>		<u></u>	Surcharge for
						-		Partially
								Distant
		-						Stations
		-			<u>.</u>			
					<u>.</u>			
					<u>-</u>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU	JP	11	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
						-	<u> </u>	
						-		
					<u>.</u>		<u> </u>	
							<u></u>	
		-						
							<u> </u>	
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
				ATE FEES FOR EACH				
SI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	SI COMMUNITY/ AREA		1 SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>				···			and Syndicated
					···			Exclusivity
								Surcharge
	<u></u>					-		for
	<u></u>				···			Partially Distant
								Stations
		-						
	····							
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	
SIXTY	-SEVENTH	SUBSCRIBER GROU	JP	SIX	TY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<mark>.</mark>			
					····			
					······································			
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 Fourth	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EAC				
S COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	9
COMMUNITY AREA			U	COMMUNITY AREA				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 Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	٩		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	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.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EAC			-	
	Y-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL OF OTT	DOL	CALL STOR	BOL	O/ IEE O'O'I	502	OF ILLE STORY	BOL	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 Seco	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-	<u></u>					
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EAC			ID.	
SEVENTY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
CALL SICN	DSE	CALL SICN	DSE	CALL SIGN	DSE	II CALL SIGN	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
			<u>-</u>		····	-		Partially Distant
								Stations
		-				-		
			ļ					
			<u>.</u>					
T 1 1 DOE			0.00	T / 1 DOE			0.00	
Total DSEs	roup	¢	0.00	Total DSEs	and Croup	¢	0.00	
Gross Receipts First G	loup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVENT	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 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	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP 0	II		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ ARE			U	COMMUNITY/ AREA				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
	·····							
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t 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 GROU	JP	EIGHT	Y-FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ ARE	Α		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 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			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		1 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
								and Syndicated
								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	
EIGHT	Y-SEVENTH	SUBSCRIBER GROU	JP	EIGH	ITY-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE	Α		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
Lines here and in bit	JUN 0, III IC 1, 8	pade L (page 1,				*		İ

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EACH				
EIGH COMMUNITY/ AREA	ITY-NINTH	SUBSCRIBER GROL	JP 0	COMMUNITY/ AREA	NINTIETH	I 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
								for
								Partially 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	
NINE	ETY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECONE	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	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007407	Name	
				ATE FEES FOR EACH					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	II		1 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>			and Syndicated	
								Exclusivity	
								Surcharge	
	·····				<u></u>			for	
			······································		<u></u>			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 Secon	nd Group	\$	0.00		
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	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>				
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# 007407	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		TI .		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
	<u></u>				<u></u>			Syndicated Exclusivity
	<u></u>					 		Surcharge
								for
	<u></u>							Partially
	<u> </u>	-			<u></u>			Distant Stations
	··							Stations
	<mark></mark>				<u></u>			
	<u> </u>				<u>-</u>		<u></u>	
Total DSEs		Į.	0.00	Total DSEs		!!	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
					т			
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROU		III		SUBSCRIBER GROU		
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>				<u></u>			
		-						
					<u> </u>			
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
	_						[
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EACH				
ONE HUNDI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	ONE HUNDRE COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
								and Syndicated
		-						Exclusivity
					<u></u>			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 Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I 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>			
	<u></u>				<u></u>			
	<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	
D D-4. 5	46 - 16				-1			
Enter here and in bloo			mber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-	<u> </u>		·····	-		and Syndicated
								Exclusivity
			<u> </u>					Surcharge
			<u> </u>		·····	-		for Partially
								Distant
								Stations
			······································		·····			
	<u></u>					 		
Total DSEs		. !	0.00	Total DSEs		!!	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u> </u>					
			······································			 		
	<u></u>		<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 Four	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EAC				
ONE HUNDRE COMMUNITY/ AREA	ED NINTH	SUBSCRIBER GRO	UP 0	ONE HUND		SUBSCRIBER GROU	UP 0	9
OOMMONT 1771CE/C				CONMOUNT 17 7 (KE)				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u>_</u>		<u></u>			Base Rate Fee and
		-	<u>.</u>			-		Syndicated
								Exclusivity
								Surcharge
								for
	·		<u>.</u>					Partially Distant
		-						Stations
			<u></u>					
			<u>.</u>					
			······			<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$	0.00	
COMMUNITY/ AREA	LEVENIH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
				COMMONT 17 AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
	-	<u> </u>				-		
	. <mark>.</mark>							
		-	<u>.</u>					
			<u> </u>					
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					••••	<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	DURTEENTH	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
								Base Rate Fee
								and
								Syndicated
						<u> </u>		Exclusivity
					<u>.</u>			Surcharge
					·····			for Partially
					·····			Distant
		-			••••	+		Stations
					•••••	-		
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	···	-			·····			
						 		
	···				<u></u>		<u></u>	
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					·····	-		
						· · · · · · · · · · · · · · · · · · ·		
Total DSEs	-		0.00	Total DSEs	·		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007407	Name	
				ATE FEES FOR EACH					
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA	Α		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	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
ONE HUNDRED I	NINTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROU	UP		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
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	·····								
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED TWEN	ITY-SECONE	SUBSCRIBER GROUP	1	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
								Partially
								Distant
					<u></u>			Stations
								
		_	.					
	···		·		<u></u>			
	···				<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GROUP		††		I SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<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	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007407	Name	
				TE FEES FOR EACH					
ONE HUNDRED TW COMMUNITY/ AREA		SUBSCRIBER GROUP	0	ONE HUNDRED TW		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	
								Base Rate Fee	
	<u></u>				···			and Syndicated	
	····							Exclusivity	
	<u></u>							Surcharge	
	<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		
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEE	NTY-EIGHTH	SUBSCRIBER GROUP	1		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>				<u></u>				
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	<u></u>				···				
		-							
	<u></u>								
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007407	Name
Е	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ILL GIGIT	BOL	O/ILL GIGIT	202	O'NEE GIGIT	502	O'ALL SIGIY	502	Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity
					<u>-</u>		····	Surcharge for
	····	-			<u>-</u>			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 Secon	nd 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	
	<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	າ Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007407	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROUF		9
COMMUNITY/ AREA	A		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
								Exclusivity
								Surcharge for
								Partially
	·····							Distant Stations
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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	
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUF	_	1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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T-+-I DOF-			0.00	T-4-1 DOE-			0.00	İ
Total DSEs	d Crows	¢	0.00	Total DSEs	h Crous	•	0.00	1
Gross Receipts Third	и споир	<u>\$</u>	0.00	Gross Receipts Fourt	п Стоир	\$	0.00	İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR		SUBSCRIBER GROUF		ii e		H SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	·····				<u></u>			and
								Syndicated Exclusivity
				-	···			Surcharge
								for
					<u></u>			Partially
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								Stations
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Total DSEs			0.00	Total DSEs	_	!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	·				·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA	٩ 		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····				<mark></mark>			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007407	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GROUP		TI .		O SUBSCRIBER GROUP		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>			and
	·····	-			<u></u>			Syndicated Exclusivity
	•••••							Surcharge
		-						for
		-						Partially
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	·····							Stations
		_						
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUP	_	
COMMUNITY/ ARE	Α		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 Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	¢	0.00	Base Rate Fee Fourt	h Group	¢	0.00	
Suss Male i 66 i i iii	a Cioup	<u></u> \$	0.00	Suss Rate i 66 i Ouit	G.Oup	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		
Litter here and in bi	OOK O, IIIIC 1, 3	,paoc L (page 1,				Ψ		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007407	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP	0	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
		 	-			 		and
		-				-		Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs	1	l l	0.00	Total DSEs		Į.ļ	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 Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED FO	ORTY-EIGHTH	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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	<u></u>	-						
	<mark></mark>							
			<u> </u>					
Total DSEs			0.00	Total DSEs		I I	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.300 Hossipto Fillia		·			С. Зир	*		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			criber group	as shown in the boxe	es above.			
Enter here and in block	∖ J, III le 1, 5	space L (page 1,				\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007407	Name	
				ATE FEES FOR EAC					
		SUBSCRIBER GRO		11		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	
					····			Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs	·	· ·	0.00		
Gross Receipts First	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		
ONE HUNDRED F	FIFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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					<u>.</u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thire	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		
			criber group	as shown in the boxes	s above.				
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007407	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
	<u></u>		<u></u>		·····			Syndicated Exclusivity
			-					Surcharge
								for
								Partially
	<u></u>		<u> </u>					Distant
			<u> </u>					Stations
	<u></u>		<u></u>					
	<u>-</u>	-	<u>-</u>		••••			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u>-</u>	-				
	<u></u>		<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 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# 007407	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e	TY-EIGHTH	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			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	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN							007407	
		COMPUTATION O		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	LID	
COMMUNITY/ AREA		SUBSCINDER GRO	0 0	COMMUNITY/ ARE		JOBSCHIBER GRO	0	9
								Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		H						Base Rate F
		-						and
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		H						Surcharg
								for
								Partially
		 						Distant
		-						Stations
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·	-			·	·		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	OUP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		H						
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
		·				·		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
		_				_		
ase Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxe	es above.			
nter here and in blo			J F			\$	0.00	

Name	YSTEM ID# 007407	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	COMMUNITY/ ADE A
Computatio				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and								
Syndicated Exclusivity		-					···	
Surcharge								
for								
Partially								
Distant Stations								
Otations	····							
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	0.00	<u> </u>	<u> </u>	Total DSEs	0.00		1	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	İİ			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				Total DSEs	0.00			Total DSEs
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<u> </u>	YSTEM ID# 007407	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
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9		SUBSCRIBER GROU	TENTH	201111111111111111111111111111111111111		SUBSCRIBER GRO	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

Name	YSTEM ID# 007407	S			.	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GRO	RTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	XTEENTH	S	JP	SUBSCRIBER GRO	TEENTH	FIF
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	ID			TE FEES FOR EACH				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0	SUBSCRIBER GROU	VENTIETH	TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	INTEENTH	NI COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

Name	YSTEM ID# 007407	S'				LE STSTEM.	R OF CABL	CABLE ONE, INC.
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9	JP 0	SUBSCRIBER GROU	NTY-SIXTH	TWEN COMMUNITY/ AREA		SUBSCRIBER GRO	TY-FIFTH	TWEN COMMUNITY/ AREA
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	0.00		L	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	\$	oup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	İ		SUBSCRIBER GRO	SEVENTH	
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GRO	SEVENTH	
	_	SUBSCRIBER GROU	Y-EIGHTH	İ		SUBSCRIBER GRO	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
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9		SUBSCRIBER GROL	HIRTIETH			SUBSCRIBER GRO	Y-NINTH	
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_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
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Computation DSE of Base Rate Fee and	SUBSCRIBER GROUP	/ FOLIDTH					
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Base Rate Fee			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	SUBSCRIBER GROUP	RTY-SIXTH	THIR	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
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9)P	SUBSCRIBER GROU	I-EIGHIH	COMMUNITY/ AREA)P 0	SUBSCRIBER GROU	SEVENIA	COMMUNITY/ AREA
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	•	\$ SUBSCRIBER GROU			'	\$ SUBSCRIBER GROU		
	*				'			THIR
	JP				JP			THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
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	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	THIR COMMUNITY/ AREA
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007407	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GRO			Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
							1	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	UP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	/MUNITY/ AREA		0				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 007407	S				LE SYSTEM:		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
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0					COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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9		IDED ODOLID						CABLE ONE, INC.
9				TE FEES FOR EACH				
J -		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	TY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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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	\$	roup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
7	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
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EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP	
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		e fees for each subse	criber group	as shown in the boxes	above.	\$		

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	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407									
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407								
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP					ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0			
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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007407 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007407 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown